

<b>ACORD GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM</b>			Date Reported
Agent	Agent Phone	Company	Reported by:
	Policy Number	Effective Date	Expiration Date
	Date of Accident	Time of Accident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Previously Reported <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>INSURED</b>		<b>CONTACT</b>		
Name and Address		Name and Address		Where to Contact
Residence Phone	Business Phone	Residence Phone	Business Phone	Fax Number

<b>OCCURRENCE</b>				
Location of Accident	Authority Contacted:	Report #:	Violations/Citations	
Description of Accident:				

<b>POLICY INFORMATION</b>						
General Aggregate	Prod/Comp OP Agg	Pers & Adv Inj	Each Occurrence	Fire Damage	Medical Expense	Deductibles
Coverage Part or Forms (Form #'s and edition dates)						

<b>INSURED VEHICLE</b>						
Veh #	Year	Make	Body Type		Plate Number	State
		Model	V.I.N.			
Owner's Name & Address:				Residence Phone:		
				Business Phone:		
Driver's Name & Address:				Residence Phone:		
				Business Phone:		
Relation to Insured		Date of Birth	Driver's License No.	State	Used with Permission <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Damage:		Estimate Amount	Where can vehicle be seen		When can veh be seen?	

<b>INJURED/PROPERTY DAMAGED</b>		
Name & Address of Injured or Owner		Phone
Employer's Name and Address		Phone
Describe Injury:		Where Taken
		What was injured person doing?
Describe Damage:		Estimate Amount:      Where can damage be seen

<b>WITNESSES</b>				
Name & Address	Phone No.	IV	OV	Other (Specify)
Remarks:				