

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM										DATE (MM/DD/YYYY)				
PRODUCER			PHONE (A/C, No, Ext):			NOTICE OF OCCURRENCE		DATE OF OCCURRENCE AND TIME		AM	DATE OF CLAIM	PREVIOUSLY REPORTED		
						NOTICE OF CLAIM				PM		YES <input type="checkbox"/> NO <input type="checkbox"/>		
			EFFECTIVE DATE		EXPIRATION DATE		POLICY TYPE			RETROACTIVE DATE				
							<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE							
CODE:			SUB CODE:			COMPANY			NAIC CODE:			MISCELLANEOUS INFO (Site & location code)		
AGENCY CUSTOMER ID:			POLICY NUMBER			REFERENCE NUMBER								
INSURED						CONTACT			CONTACT INSURED					
NAME AND ADDRESS				SOC SEC # OR FEIN:		NAME AND ADDRESS				WHERE TO CONTACT				
RESIDENCE PHONE (A/C, No)				BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)				WHEN TO CONTACT		
OCCURRENCE											AUTHORITY CONTACTED			
LOCATION OF OCCURRENCE (Include city & state)														
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)														
POLICY INFORMATION														
COVERAGE PART OR FORMS (Insert form #s and edition dates)														
GENERAL AGGREGATE		PROD/COMP OP AGG		PERS & ADV INJ		EACH OCCURRENCE		FIRE DAMAGE		MEDICAL EXPENSE		DEDUCTIBLE	PD	
													BI	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:			LIMITS:		AGGR		PER CLAIM/OCC		SIR/ DED		
TYPE OF LIABILITY														
PREMISES: INSURED IS			OWNER	TENANT	OTHER:							TYPE OF PREMISES		
OWNER'S NAME & ADDRESS (If not insured)						OWNERS PHONE (A/C, No, Ext):								
PRODUCTS: INSURED IS			MANUFACTURER		VENDOR		OTHER:					TYPE OF PRODUCT		
MANUFACTURER'S NAME & ADDRESS (If not insured)						MANUFACT PHONE (A/C, No, Ext):								
WHERE CAN PRODUCT BE SEEN?														
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)														
INJURED/PROPERTY DAMAGED														
NAME & ADDRESS (Injured/Owner)										PHONE (A/C, No, Ext)				
AGE	SEX	OCCUPATION			EMPLOYER'S NAME & ADDRESS			PHONE (A/C, No, Ext)						
DESCRIBE INJURY						WHERE TAKEN			WHAT WAS INJURED DOING?					
<input type="checkbox"/> FATALITY														
DESCRIBE PROPERTY (Type, model, etc)					ESTIMATE AMOUNT		WHERE CAN PROPERTY BE SEEN?			WHEN CAN PROPERTY BE SEEN?				
WITNESSES														
NAME & ADDRESS							BUSINESS PHONE (A/C, No, Ext)			RESIDENCE PHONE (A/C, No)				
REMARKS														
REPORTED BY			REPORTED TO			SIGNATURE OF INSURED			SIGNATURE OF PRODUCER					

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee and Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.