



GENERAL LIABILITY LOSS NOTICE (OTHER THAN AUTOMOBILE)

SET TAB STOPS AT ARROWS
DATE (MM/DD/YY)

PRODUCER		PRODUCER PHONE (A/C. NO., EXT.)		FOR COMPANY USE ONLY	
COMPANY		POLICY NUMBER			
POLICY EFF. DATE (MM/DD/YY)		POLICY EXP. DATE (MM/DD/YY)		DATE (MM/DD/YY) & TIME OF LOSS	
PREVIOUSLY REPORTED					
A.M.		YES			
P.M.		NO			

INSURED

NAME & ADDRESS		INSURED'S RESIDENCE PHONE (A/C. NO.)		INSURED'S BUSINESS PHONE (A/C. NO., EXT.)	
PERSON TO CONTACT		WHERE TO CONTACT		WHEN	
CONTACT'S RESIDENCE PHONE (A/C. NO.)		CONTACT'S BUSINESS PHONE (A/C. NO., EXT.)			

LOSS

LOCATION OF ACCIDENT (INCLUDE CITY & STATE)		AUTHORITY CONTACTED	
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY)			

POLICY INFORMATION

COVERAGE PART OR FORMS, (INSERT FORM NOS. & EDITION DATES)

LIMITS	PREMISES/OPERATIONS	MED. PAY.	PRODUCTS/COMPLETED OPERATIONS	CONTRACTUAL	OTHER:	DEDUCTIBLE
BI						
PD						
CSL						

UMBRELLA/EXCESS POLICY IN FORCE? UMBRELLA EXCESS CARRIER: LIMITS:

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	EMPLOYERS NAME & ADDRESS		PHONE (A/C. NO., EXT.)
DESCRIBE INJURY		FATALITY	WHERE TAKEN	WHAT WAS INJURED DOING?	
DESCRIBE PROPERTY (TYPE, MODEL, ETC.)		ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN?	

WITNESSES

NAME & ADDRESS	BUSINESS PHONE (A/C. NO., EXT.)	RESIDENCE PHONE (A/C. NO.)

REMARKS

REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED