



# GENERAL LIABILITY LOSS NOTICE

(OTHER THAN  
AUTOMOBILE)

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

PRODUCER <input type="checkbox"/>		PRODUCER PHONE (A/C. NO., EXT.)		FOR COMPANY USE ONLY			
CODE		COMPANY		POLICY NUMBER			
		POLICY EFF. DATE (MM/DD/YY)		POLICY EXP. DATE (MM/DD/YY)			
SUB CODE				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
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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:
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## 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