ACORD. GEN	ERAL LIA		Y NOTIC	湛		Di	ATE (MM/DD/YY)	
PRODUCER			NOTICE OF OCCURRENCE	DATE/TIME OF OCCUR	RENCE AM	DATE OF CLAIM	PREVIOUSLY REPORTED	
		-	NOTICE OF CLAIM	Λ	PM		YES NO	
		-	POLICY EFF. DATE	POLICY EXP.		POLICY TYPE	RETROACTIVE DATE	
		-	in California			OCCURRENCE		
			OMPANY		CLAIMS MADE POLICY NUMBER			
				involot ort eanur		OU 81 11 (6)	1.050 ()(0.3	
CODE	CODE	PR	ODUCER PHONE (A/C	areasta as hi asi	RENCE NUMBER	A A Grander	C. INFO. (Site & Location Code)	
INSURED			grando respector s	1000-000-000-000-000-0				
NAME & ADDRESS (As it appears on the	INS	SURED'S RESIDENCE	PHONE (A/C, No.)	INS	URED'S BUSINESS PH	HONE (A/C, No., Ext.)		
			(3) Konwidgly preparet make, or subscribe any writing with					
			PERSON TO CONTACT				WHERE TO CONTACT	
		-						
	(b) Eyen person vi.o goletic any provision of this s wen provide value of the control of the co							

		or there are	NTACT'S DESIDENCE	E PHONE (A/C, No.)			HONE (A/O N. E.)	
n snatt not de granted (t o, not strati the bi, anv adult peiso n coavidted of u viole:				One (A/C, No.)			HONE (A/C, No., Ext.)	
Bulto so or Ac-	man nidt in anni	Latinary to the	Alman Visualia	en noted and ask				
OCCURRENCE	la comunita se con l		Contract Contract	NE RECEDED WATER		v destactor		
LOCATION OF OCCURRENCE (Include ci	ity & state)					AUTHORIT	Y CONTACTED	
						exected		
DESCRIPTION OF OCCURRENCE (Use re								
POLICY INFORMATION								
COVERAGE PART OR FORMS (Insert for	m nos. & edition dates)	tos con man	STIPLES WAS REID	ART GEN HORSENE	CHOLDHEL BOXE	48 -635/1888 ·		
	ar riosi a contori sattory							
						-		
LIMITS GEN. AGGR. PROD	./COMP-OPS. PERS.	& ADV. INJURY	OCCURRENCE	FIRE DAMAGE	MEDICAL E	XPENSE DEDU	JCTIBLE TYPE	
				abuG notutit	an ina areli	AMOUNT	PD	
UMBRELLA/EXCESS POLICY IN FORCE	?	855	UMBRELLA/EXC	ESS CARRIER	UMB./XS.	LIMITS		
UMBRELLA	EXCESS					PER CLAIN	PER OCCUR.	
TYPE OF LIABILITY						CENIN	DCCOH2	
PREMISES: INSURED IS	OWNER	Т	ENANT	OTHER	TYPE OF PREMI	SES		
OWNER'S NAME & ADDRESS (If not insu								
	1018181618				di oldeolla:			
						-		
atori s salat yang di samayari at sad			cininal folinium, Desput L. Dans		OWNERS PHONE: (A/C, No., Ext.)			
PRODUCTS: INSURED IS	MANUFACTURER	le a no iVi	ENDOR	OTHER	TYPE OF PRODUCT			
MANUFACTURER'S NAME & ADDRESS								
			somuení shoY weklos +					
	MAN - September Desperation . MAN			IANUFACT. PHONE: (A/C, No., Ext.)				
WHERE CAN PRODUCT BE SEEN?			Togal U				***************************************	
OTHER LIABILITY INCLUDING COMPLE	TED OPERATIONS (Exp	lain):					2	
INSURED/PROPERTY DAMAG	ED							
NAME & ADDRESS (Injured/Owner)						PHON	IE (A/C, No., Ext.)	
						tolin stroja i jesti	7 76	
AGE SEX OCCUPATION		EMPLOYERS N	IAME & ADDRESS	Standard of	redi kasisar	PHON	IE (A/C, No., Ext.)	
						res Teo Inc. 10		
DESCRIBE INJURY		FATALIT	WHERE TAKE	N N	WHAT WAS INJUR	ED DOING?		
		L						
DESCRIBE PRODERTY /Type model etc		ECTIMATE AM	OUNT WHERE CAN	DODEDTY DE CEENS				
DESCRIBE PROPERTY (Type, model, etc	.)	ESTIMATE AMO	OUNT WHERE CAN I	PROPERTY BE SEEN?		W	/HEN?	
WITNESSES								
NAME & ADDRESS						BUSINESS PHONE (A/C, No., Ext.) RESIDENCE PHONE (A/C, No.)		
					,			
	***************************************	***************************************						
REMARKS					100	ot op		
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	***********************************		***************************************				4	
REPORTED BY		REPORTED TO			SIGNATURE OF	PRODUCER OR INSU	RED	
ACORD 3-S (2/88)	NOTE: IMPO	DTANT ST	TE INCODMATI	ON ON PEVERSE	CIDE	@ 4001	DO CORRODATION 1000	