

# ACORD GENERAL LIABILITY LOSS NOTICE (Other Than Automobile)

Today's Date:

Producer <input type="checkbox"/>		Producer Phone (a/c. no. ext.)		For Company Use Only			
		Company			Policy Number		
Code	Sub Code	Policy Eff. Date (mm/dd/yy)	Policy Exp. Date (mm/dd/yy)	Date (mm/dd/yy) &	Time of Loss		Previously Reported
					<input type="checkbox"/> AM	<input type="checkbox"/> YES	
					<input type="checkbox"/> PM	<input type="checkbox"/> 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.)	

### 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?		<input type="checkbox"/> Umbrella	<input type="checkbox"/> Excess	Carrier:		Limits:

### TYPE OF LIABILITY

Premises: Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other			Type of Premises		
Owner's Name & Address (If not insured)			Owners Phone (a/c, no., ext.)		
Products: Insured is <input type="checkbox"/> Manufacturer <input type="checkbox"/> Vendor <input type="checkbox"/> 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 <input type="checkbox"/> Fatality			Where Taken	What was injured doing?	
Describe Property (Type, Model, etc.)		Estimate Amount	Where can property be seen?		

### WITNESSES

Name & Address		Business Phone (a/c, no., ext.)	Residence Phone (a/c, no., ext.)

Remarks		
Reported By	Reported To	Signature of Producer or Insured