

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE

PRODUCER MIIA Property & Casualty Group Inc. 12 Gill Street - Suite 5500 P O. Box 4043 Woburn, MA 01888-4043	NOTICE OF OCCURRENCE _____ AM DATE OF OCCURRENCE AND TIME	DATE OF CLAIM _____ PREVIOUSLY REPORTED	
	NOTICE OF CLAIM _____ PM EFFECTIVE DATE EXPIRATION DATE POLICY TYPE RETROACTIVE DATE	OCCURRENCE CLAIMS MADE	
	COMPANY NAIC CODE: MISCELLANEOUS INFO (Site & location code)	POLICY NUMBER REFERENCE NUMBER	
	CODE: SUB CODE: AGENCY CUSTOMER ID:		

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS	SOC SEC #:	NAME AND ADDRESS		WHERE TO CONTACT	
				WHEN TO CONTACT	
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)		

LOCATION OF OCCURRENCE (Include city & state)	AUTHORITY CONTACTED
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
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM OCC	PER POLY

TYPE OF LIABILITY			
PREMISES: INSURED IS	OWNER	TENANT	OTHER:
OWNER'S NAME & ADDRESS (If not insured)			TYPE OF PREMISES
PRODUCTS: INSURED IS			OWNERS PHONE (A/C, No, Ext):
MANUFACTURER			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
DESCRIBE INJURY			WHERE TAKEN
WHAT WAS INJURED DOING?			
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