

# ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE

<b>PRODUCER</b> MIIA Property & Casualty Group Inc. C/O Hastings-Tapley Services 12 Gill Street - Suite 5500 P.O. Box 4043 Woburn, MA 01888-4043	NOTICE OF OCCURRENCE NOTICE OF CLAIM	DATE OF OCCURRENCE AND TIME AM <input type="checkbox"/> PM <input type="checkbox"/>	DATE OF CLAIM	PREVIOUSLY REPORTED YES <input type="checkbox"/> NO <input type="checkbox"/>	
	EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>	RETROACTIVE DATE	
	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
	POLICY NUMBER	REFERENCE NUMBER			

CODE: \_\_\_\_\_ SUB CODE: \_\_\_\_\_  
 AGENCY CUSTOMER ID: \_\_\_\_\_

<b>INSURED</b>		<b>CONTACT</b>		<b>CONTACT INSURED</b>	
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)		

**OCCURRENCE**

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 BI
UMBRELLA/EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	SIR/DED

**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	EMPLOYER'S 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?	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