GENERAL LIABILITY NOTICE



GENERAL LIABILITY NOTICE					TODAY'S DATE:					
Policy Number:					Effective Date:					
Date of Accident:					Expiration Date:					
INSURED CONTACT										
Name:			Name:							
Address:					Address:					
Tiddless.										
Residence Phone	Business Phone:			Residence Pl	Busin	Business Phone:				
OCCURRENCE										
Location of Occurrence (include city/State)					Authority Contacted: Violations/citations				18	
Location of occu	City/Btt)	1	rumorny com	acted.	· Totations, ortations				
				REPORT#						
Description of Occurrence (Insert form#'s and edition dates)										
POLICY INFORMATION										
Coverage Part or Forms (Insert form#'s and edition dates)										
General	Prod/Comp OI	s & Adv		h Occurrence	Occurrence Fire Damage Med			Deductible		
Aggregate Agg			Tors & riaving			The Burnage	Tyrodrour	fedical Expense Deductible PD		
118819844									☐ BI	
XX 1 11 /F		1				*				
Umbrella/Excess				er:		Limits:		Per C		
TVDE OF LIADILITY								Per C	Occurrence	
TYPE OF LIABILITY										
Premises: Insured Is Owner Tenant Other Type of Premises: Owner's Name & Address (If not insured) Owner's Phone Number:										
Owner's Name &		Owner's P	Owner 8 Filone Number.							
Products: Insured Is Manufacturer Vendor Other					Type of Product:					
Manufacturer's Name & Address:					Manufactu	Manufacturers Phone Number:				
Where can product be seen:					Other Liability Including completed operations (explain)					
where can product be seen.					other Endomey merading completed operations (expiain)					
INSURED/PROPERTY DAMAGED										
		Di N.	Phone Number:							
Name & Address (Injured Owner)					FHORE NUMBER:					
Age Sex M F Occupation:					Phone Number:					
Age Sex M F Occupation: Describe Injury: Where Taken:					What was injured doing:					
Fatality Where Taken.					What was					
Describe Property (type, Estimate Amount:				nt·	Where can property be seen? When cam Property be seen?					
Model, etc)	Estillate Allioulit.			where can property be see		when cam Property be seen?				
Wiodei, etc)										
WITNESSES										
Name and Address Busines					s Phone	Residence	Residence Phone/Cell Phone			
				Business I none			The state of the s			
D 1										
Remarks:										
Γ=		T				T				
Reported by: Reported to: Signature of producer or								r or insured		