

GENERAL LIABILITY NOTICE



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| GENERAL LIABILITY NOTICE | TODAY'S DATE: |
| Policy Number: | Effective Date: |
| Date of Accident: | Expiration Date: |

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| INSURED | | CONTACT | |
| Name: | | Name: | |
| Address: | | Address: | |
| Residence Phone: | Business Phone: | Residence Phone: | Business Phone: |

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| OCCURRENCE | |
| Location of Occurrence (include city/State) | Authority Contacted: REPORT# |
| Violations/citations | |
| Description of Occurrence (Insert form#'s and edition dates) | |

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|-----------------------------------------------------------------------------------|------------------|----------------|-----------------|-------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 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 <input type="checkbox"/> PD <input type="checkbox"/> BI |
| Umbrella/Excess <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess | | | Carrier: | Limits: | <input type="checkbox"/> Per Claim <input type="checkbox"/> Per Occurrence | |

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| 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) | Owner's Phone Number: |
| Products: Insured Is <input type="checkbox"/> Manufacturer <input type="checkbox"/> Vendor <input type="checkbox"/> Other | Type of Product: |
| Manufacturer's Name & Address: | Manufacturers Phone Number: |
| Where can product be seen: | Other Liability Including completed operations (explain) |

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| INSURED/PROPERTY DAMAGED | | | |
| Name & Address (Injured Owner) | | Phone Number: | |
| Age Sex <input type="checkbox"/> M <input type="checkbox"/> F | Occupation: | Phone Number: | |
| 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 cam Property be seen? |

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| WITNESSES | | |
| Name and Address | Business Phone | Residence Phone/Cell Phone |
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| Remarks: | | |

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| Reported by: | Reported to: | Signature of producer or insured |
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