



## GENERAL LIABILITY LOSS NOTICE (OTHER THAN AUTOMOBILE)

### INSURED

NAME & ADDRESS	INSURED'S RESIDENCE PHONE	INSURED'S BUSINESS PHONE
	PERSON TO CONTACT	WHERE AND WHEN TO CONTACT
	CONTACT'S RESIDENCE PHONE	CONTACT'S BUSINESS PHONE

### LOSS

LOCATION OF ACCIDENT (INCLUDE CITY & STATE)	AUTHORITY CONTACTED
DESCRIPTION OF ACCIDENT	

### POLICY INFORMATION

COVERAGE PART OR FORMS (INSERT FORMS NOS. & EDITION DATES)						
LIMITS	PREMISES/OPERATIONS	MED. PAY	PRODUCTS/ COMPLETED OPERATIONS	CONTRACTUAL	OTHER:	DEDUCTIBLE
BI						
PD						
CSL						
UMBRELLA/EXCESS POLICY IN FORCE?	UMBRELLA	EXCESS	CARRIER:		LIMITS:	

### TYPE OF LIABILITY

PREMISES: INSURED IS	OWNER	TENANT	OTHER:	TYPE OF PREMISES
----------------------	-------	--------	--------	------------------

OWNER'S NAME & ADDRESS (IF NOT INSURED)				OWNER'S PHONE
PRODUCTS: INSURED IS	MANUFACTURER	VENDOR	OTHER:	TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS (IF NOT INSURED)				MANUFACT. PHONE
WHERE CAN PRODUCT BE SEEN?				
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (EXPLAIN):				

**INSURED/PROPERTY DAMAGE**

NAME & ADDRESS (INJURED/OWNER)				PHONE
AGE	SEX	OCCUPATION	EMPLOYER'S NAME AND ADDRESS	PHONE
DESCRIBE INJURY	FATALITY	WHERE TAKEN	WHAT WAS INJURED DOING?	
DESCRIBE PROPERTY (TYPE, MODEL, ETC.)	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN?	

**WITNESSES**

NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE
REMARKS		
REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED