

# ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)

PRODUCER VFIS of Texas/Regnier & Associates 3420 Executive Center Dr. #301 Austin TX 78731	PHONE (A/C, No, Ext): 800-252-9435	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)		
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY NUMBER	REFERENCE NUMBER		

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

<b>OCCURRENCE</b> LOCATION OF OCCURRENCE (Include city & state)	AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)	

<b>POLICY INFORMATION</b>									
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			SIR/DED

<b>TYPE OF LIABILITY</b>									
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)									

<b>INJURED/PROPERTY DAMAGED</b>									
NAME & ADDRESS (Injured/Owner)						PHONE (A/C, No, Ext)			
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS			PHONE (A/C, No, Ext)			
DESCRIBE INJURY				WHERE TAKEN		WHAT WAS INJURED DOING?			
FATALITY <input type="checkbox"/>									
DESCRIBE PROPERTY (Type, model, etc)			ESTIMATE AMOUNT		WHERE CAN PROPERTY BE SEEN?			WHEN CAN PROPERTY BE SEEN?	

<b>WITNESSES</b>									
NAME & ADDRESS					BUSINESS PHONE (A/C, No, Ext)			RESIDENCE PHONE (A/C, No)	
REMARKS									
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED			SIGNATURE OF PRODUCER		