

# ACORD GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE

PRODUCER  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	DATE OF CLAIM	PREVIOUSLY REPORTED
			PM		YES NO
	EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE
			<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	
CODE: AGENCY CUSTOMER ID:	SUB CODE:	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)	
		POLICY NUMBER		REFERENCE NUMBER	

INSURED NAME AND ADDRESS	SOC SEC #:	CONTACT NAME AND ADDRESS	CONTACT INSURED
			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

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
UMBRELLA/EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC
PD BI						
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			WHERE TAKEN	WHAT WAS INJURED DOING?
FATALITY				
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