



# GENERAL LIABILITY LOSS NOTICE (OTHER THAN AUTO)

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, No, Ext)	COMPANY	MISCELLANEOUS INFO (Site & location code)		
		POLICY NUMBER	REFERENCE NUMBER		

CODE	SUB CODE	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	AM	PREVIOUSLY REPORTED
AGENCY CUSTOMER ID					PM	YES NO

<b>INSURED</b>		<b>CONTACT</b>		CONTACT INSURED	
NAME AND ADDRESS		NAME AND ADDRESS		WHERE TO CONTACT	
				WHEN TO CONTACT	
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)		

<b>LOSS</b>	LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED
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DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)

<b>POLICY INFORMATION</b>						
COVERAGE PART OR FORMS (Insert form #s and edition dates)						

LIMITS	PREMISES/OPERATIONS	MED PAY	PRODUCTS/COMPLETED OPER	CONTRACTUAL	OTHER	DEDUCTIBLE
BI						
PD						
CSL						

UMBRELLA/EXCESS	UMBRELLA	EXCESS	CARRIER	LIMITS
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<b>TYPE OF LIABILITY</b>				TYPE OF PREMISES	
PREMISES INSURED IS	OWNER	TENANT	OTHER		
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)				MANUFACTURE 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?	
<input type="checkbox"/> FATALITY					
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 PRODUCER OR INSURED
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### **Applicable in California**

For your protection, California law requires the following to appear on this form

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

California Insurance Frauds Prevention Act 1871 2

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony \*

\* In Florida - Third Degree Felony

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony

### **Applicable in Nevada**

Pursuant to NRS 686A 291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638 20

### **Applicable in New Jersey**

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties

### **Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

### **Applicable in Oklahoma**

WARNING Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

### **Applicable in Pennsylvania**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000