

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM							DATE (MM/DD/YYYY)			
PRODUCER PHONE (A/C, No, Ext): 281-419-9053 Texas Partners Insurance Group & Financial Services 25329 I-45N., Suite 101 The Woodlands, Texas 77380			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		RETROACTIVE DATE			
			COMPANY		NAIC CODE:		MISCELLANEOUS INFO (Site & location code)			
CODE: _____ SUB CODE: _____			POLICY NUMBER			REFERENCE NUMBER				
AGENCY CUSTOMER ID:										
INSURED			CONTACT			CONTACT INSURED				
NAME AND ADDRESS			SOC SEC # OR FEIN:			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)				
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		PD		BI		SIF/DED		
UMBRELLA/EXCESS	UMBRELLA	EXCESS	CARRIER:		LIMITS:		AGGR	PER CLAIM/OCC		
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?				
<input type="checkbox"/> 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			