



# GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): (310)465-0200 PROWORKS INS. SERV., INC. LICENSE #0D63158 25550 HAWTHORNE BLVD. SUITE # 305 TORRANCE, CA 90505	NOTICE OF OCCURRENCE DATE OF OCCURRENCE AND TIME AM DATE OF CLAIM	PREVIOUSLY REPORTED YES NO
FAX (A/C, No): 310-465-0300 E-MAIL ADDRESS:	EFFECTIVE DATE EXPIRATION DATE POLICY TYPE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	RETROACTIVE DATE
CODE: AGENCY CUSTOMER ID:	COMPANY NAIC CODE:	MISCELLANEOUS INFO (Site & location code)
SUB CODE:	POLICY NUMBER	REFERENCE NUMBER

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
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	SIR/ DED

TYPE OF LIABILITY			
PREMISES: INSURED IS	OWNER	TENANT	OTHER:
OWNER'S NAME & ADDRESS (If not insured)			TYPE OF PREMISES
PRODUCTS: INSURED IS			OWNERS PHONE (A/C, No, Ext):
MANUFACTURER			TYPE OF PRODUCT
VENDOR			MANUFACT PHONE (A/C, No, Ext):
OTHER:			
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	
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