

ACORD GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM					Date
Producer Southern Mutual Church Ins Co	<input type="checkbox"/> Notice of Occurrence	Date of Occurrence & time	<input type="checkbox"/> AM	Date of Claim	Previously Reported
	<input type="checkbox"/> Notice of Claim		<input type="checkbox"/> PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
Company		Policy Number	Effective Date	Expiration Date	

INSURED		CONTACT		<input type="checkbox"/> Contact Insured
Name and Address of Insured		Name and Address		
		Residence Phone	Business Phone	Cell Phone
When to Contact				

OCCURRENCE	
Location of Occurrence (include City & State)	Authority contacted
Description of Loss & Damage (Use separate sheet, if necessary)	

POLICY INFORMATION							
Coverage Part or Forms (Insert from #'s and edition dates)							
General Aggregate	Prod/Com OP Agg	Pers & Adv Inj	Each Occurrence	Fire Damage	Medical Expense	Deductible	<input type="checkbox"/> PD <input type="checkbox"/> BI

TYPE OF LIABILITY	
Owner's Name & Address (if not insured)	Type of Premises
	Owners Phone (A/C, No, Ext)

INJURED/PROPERTY DAMAGE				
Name & Address (Injured/Owner)				Phone (A/C, No, Ext)
Age	Sex	Occupation	Employer's Name & Address	Phone (A/C, No, Ext)
Describe Injury		<input type="checkbox"/> Fatality	Where taken	What was Injured Doing?
Describe Property (type, model, etc.)		Estimate Amount	Where can Property be seen?	When can Property be seen?

WITNESS		
Name and Address	Business Phone (A/C, No, Ext)	Home Phone (A/C, No)
Remarks		
Reported By	Reported To	Signature of Producer