

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM										DATE (MM/DD/YYYY)			
PRODUCER PHONE (A/C, No, Ext):			NOTICE OF OCCURRENCE		DATE OF OCCURRENCE AND TIME		AM	DATE OF CLAIM		PREVIOUSLY REPORTED			
ATLANTIC RISK MANAGEMENT 5850 Waterloo Road, Suite 240 Columbia, MD 21045			NOTICE OF CLAIM				PM			YES NO			
			EFFECTIVE DATE		EXPIRATION DATE		POLICY TYPE		RETROACTIVE DATE				
CODE:			SUB CODE:		OCCURRENCE		CLAIMS MADE						
AGENCY CUSTOMER ID:			COMPANY		NAIC CODE:		MISCELLANEOUS INFO (Site & location 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:					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				