****

**GENERAL LIABILITY NOTICE OF OCCURRENCE**

Date (MM/DD/YY):

Date of Accident/Occurrence:

Time of Accident/Occurrence:

Previously Reported: Yes No

**Insured**

Church Name

Misc. Info.

Person to Contact (Insured) Business Phone: ( ) ext.

Contact email:

Where to Contact: When:

**Occurrence**

Location of Occurrence (include City & State):

Authority Contacted:

Attachments/Exhibits (List) Release and Waiver Attached

If Injured is a minor; Supervisor / Child Ratio:

Description of Occurrence. What was Injured doing? (Use reverse side, if necessary)

**Injury or Property Damaged**

Injury/Property Damaged:

Name & Address (Injured/Owner):

Parent’s Name: Home Phone: ( )

Is Injured/Parent expecting to be contacted? Yes No Bus. Phone: ( ) ext.

Is the Injured and employee, volunteer, member? Birth Date: Sex (M, F)

Medical Treatment:

Fatality? Where Taken?

Describe Property (Year, make, model, type, etc.):

Estimate Amount: Where can property be seen? When?

**Witnesses**

Name: Bus. Phone: ( ) Home Phone: ( )

Address: Relationship:

Remarks (what info was given to the claimant?):

**Reporting**

Reported By (Print): Reported To (Print):

Signature of Business Administrator:

Please return completed form to the Business Office