



**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**