



General Liability Notice of Occurrence/Claim

CLAIMS FAX: 559-241-8914

CLAIMS EMAIL: victoriab@peckandco.com

Today's Date/Time _____	Reported by _____
Insured's Name _____	Phone Number _____
DBA Name _____	Fax Number _____
Policy Number _____	Email Address _____

OCCURRENCE DETAILS

Date of Occurrence _____	Time of Incident _____	AM	PM
Location of Incident _____			
City & State _____			
Emergency Services Required _____	Police Dept. _____	Fire Dept. _____	Ambulance _____
Police Report Number _____	Ambulance Company Name _____		
<i>Description of Occurrence</i> _____ _____			

TYPE OF LIABILITY CLAIM

Bodily Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Property Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Property	_____				
Premises: Insured is	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____		
Type of Premises	_____				
Products: Insured is	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Vendor	_____		
Type of Product	_____				
Manufacturer's Name	_____ _____				

INJURED PARTY INFORMATION

Name of Injured Party _____	Phone Number _____		
Address _____	City _____	State _____	Zip _____
Age _____	Sex _____	Occupation _____	_____
Activity of Injured Party (at time of loss): _____ _____			
Describe Injury Sustained: _____ _____			
Medical Treatment Provided By _____			

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OTHER INFORMATION

Did you inspect the area?	Yes	No	<i>If yes, explain</i>	
Did you take photos?	Yes	No	Was an ambulance called?	Yes No
If ambulance called, provide name of ambulance company _____				

WITNESS INFORMATION

Name of Witness	_____
Address	_____
City, State, Zip	_____
Phone Number	_____ Email Address _____
Name of Witness	_____
Address	_____
City, State, Zip	_____
Phone Number	_____ Email Address _____
Name of Witness	_____
Address	_____
City, State, Zip	_____
Phone Number	_____ Email Address _____

ADDITIONAL COMMENTS OR INSTRUCTIONS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.