

MADISON INTERNATIONAL INSURANCE COMPANY I.I.

P.O. Box 467519, Atlanta GA 31146

GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

Today's Date
(MM/DD/YYYY)

<input type="checkbox"/> NOTICE OF OCCURRENCE	Date of Occurrence:	POLICY NUMBER		
<input type="checkbox"/> NOTICE OF CLAIM		POLICY EFFECTIVE DATE	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	

INSURED		CONTACT	
NAME AND ADDRESS		NAME AND ADDRESS	
BUSINESS PHONE NUMBER		BUSINESS PHONE NUMBER	

OCCURRENCE

LOCATION OF OCCURRENCE (Include City & State)	AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (Attach if necessary)	

WITNESSES

NAME & ADDRESS	BUSINESS PHONE NUMBER	RESIDENCE PHONE NUMBER

REMARKS

ESTIMATED AMOUNT (Please attach detailed information)	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
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INSURED SIGNATURE

REPORTED BY	REPORTED TO	SIGNATURE OF INSURED
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Insurance Company Information (do not fill below line)

Information collected by:
POLICY INFORMATION

----- COVERAGE LIABILITY LIMITS -----

GENERAL AGGREGATE	PRODUCT AGGREGATE	PERSONAL INJURY	EACH OCCURRENCE	FIRE DAMAGE	EDICAL EXPEN	DEDUCTIBLE	PD
AMOUNT PAID	APPROVAL SIGNATURE			DATE			

INSURED PLEASE COMPLETE

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