

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM	DATE (MM/DD/YYYY)
--	-------------------

PRODUCER PHONE (A/C, No, Ext): 800-530-7088 HUMAN SERVICES BENEFITS COMPANY 6750 ALEXANDER BELL DRIVE SUITE 100 COLUMBIA, MD 21046	NOTICE OF OCCURRENCE NOTICE OF CLAIM	DATE OF OCCURRENCE AND TIME AM <input type="checkbox"/> PM <input type="checkbox"/>	DATE OF CLAIM	PREVIOUSLY REPORTED YES <input type="checkbox"/> NO <input type="checkbox"/>	
	EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>		RETROACTIVE DATE
	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
CODE: AGENCY CUSTOMER ID:	SUB 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) DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)	AUTHORITY CONTACTED
--	---------------------

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?	
<input type="checkbox"/> 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

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee and Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida › Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email