

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE

PRODUCER PHONE Massamont Insurance Agency PO Box 1170 324 Main Street Greenfield MA 01302	NOTICE OF OCCURRENCE NOTICE OF CLAIM	DATE OF OCCURRENCE AND TIME AM PM	DATE OF CLAIM	PREVIOUSLY REPORTED YES NO
	EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE OCCURRENCE CLAIMS MADE	RETROACTIVE DATE
	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)	
COD... AGENCY CUSTOMER ID:	POLICY NUMBER	REFERENCE NUMBER		

INSURED		CONTACT		CONTACT INSURED
NAME Town of Lunenburg PO Box 135 17 Main Street Lunenburg MA 01462	NAME AND ADDRESS Selectmen's Office Laura Williams, 978-582-4144 17 Main St., PO Box 135 Lunenburg, MA 01462			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)	AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)	

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			SIF/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 <input type="checkbox"/> FATALITY			WHERE TAKEN	WHAT WAS INJURED DOING?	
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