



GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)

AGENCY The Cornerstone Insurance Group, LLC 721 Emerson Road, Ste. 500 P.O. Box 419151 St Louis MO 63141	PHONE (A/C, No, Ext): (314) 373-2900	NOTICE OF OCCURRENCE	DATE OF OCCURRENCE AND TIME	AM	DATE OF CLAIM	PREVIOUSLY REPORTED
FAX (A/C, No): (314) 373-2901		NOTICE OF CLAIM		PM		YES NO
E-MAIL ADDRESS: codyw@cornerstoneinsurancegroup		EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE
CODE: 240549		COMPANY	NAIC CODE:	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	
AGENCY CUSTOMER ID: 00000067		POLICY NUMBER		REFERENCE NUMBER		

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS		NAME AND ADDRESS		WHERE TO CONTACT	
SOC SEC # OR FEIN:					
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)	
CELL PHONE (A/C, No)		E-MAIL ADDRESS		BUSINESS PHONE (A/C, No, Ext)	
				CELL PHONE (A/C, No)	
				E-MAIL ADDRESS	

OCCURRENCE		AUTHORITY CONTACTED	
LOCATION OF OCCURRENCE (Include city & state)			
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	SIR/DED

TYPE OF LIABILITY				TYPE OF PREMISES	
PREMISES: INSURED IS	OWNER	TENANT	OTHER:		
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