

**ACORD GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM** DATE

PRODUCER	PHONE (A/C, No, Ext):	NOTICE OF OCCURRENCE	DATE OF OCCURRENCE AND TIME	AM	DATE OF CLAIM	PREVIOUSLY REPORTED
MIA Property & Casualty Group 12 Gill Street - Suite 1600 Woburn, MA 01801		NOTICE OF CLAIM		PM		YES NO
		EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE
		COMPANY		NAIC CODE:	MISCELLANEDUS INFO (Site & location code)	
CODE:	SUB CODE:	POLICY NUMBER			REFERENCE NUMBER	
AGENCY CUSTOMER ID:						

<b>INSURED</b>		<b>CONTACT</b>		<b>CONTACT INSURED</b>	
NAME AND ADDRESS	SOC SEC #:	NAME AND ADDRESS		WHERE TO CONTACT	
		RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)

<b>OCCURRENCE</b>	AUTHORITY CONTACTED
LOCATION OF OCCURRENCE (include city & state)	
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)	

<b>POLICY INFORMATION</b>									
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	BI	SIR/DED
UMBRELLA/EXCESS		UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC		

<b>TYPE OF LIABILITY</b>				<b>TYPE OF PREMISES</b>	
PREMISES: INSURED IS	OWNER	TENANT	OTHER:		
OWNER'S NAME & ADDRESS (if not insured)					
PRODUCTS: INSURED IS	MANUFACTURER	VENDOR	OTHER:	<b>TYPE OF PRODUCT</b>	
MANUFACTURER'S NAME & ADDRESS (if not insured)				MANUFACT PHONE (A/C, No, Ext):	
WHERE CAN PRODUCT BE SEEN?					
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)					

<b>INJURED/PROPERTY DAMAGED</b>					PHONE (A/C, No, Ext)
NAME & ADDRESS (Injured/Owner)					PHONE (A/C, No, Ext)
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS		
DESCRIBE INJURY			WHERE TAKEN	WHAT WAS INJURED DONE?	
FATALITY			ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
DESCRIBE PROPERTY (Type, model, etc)					

<b>WITNESSES</b>			
NAME & ADDRESS	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	

REMARKS			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER

Send to:  
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