

GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

Date (MM/DD/YY) _____

Producer Marsh USA, Inc. 1717 Main Street 4400 Bank One Center Dallas, Texas 75201	Phone: 888-654-6686	Date of Occurrence and Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date of Claim	Previously Reported <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Effective Date 08/01/2008	Expiration Date 08/01/2009	Policy Type <input type="checkbox"/> Occ <input type="checkbox"/> Claims Made		Retroactive Date		
	Company Insurance Company of the State of Pennsylvania			Miscellaneous Info (Site & location code)			
	Policy Number WR 10005646			Claim Number			

Insured	Contact	<input type="checkbox"/> Contact Insured
Name and Address University of Texas System	Name and Title	When to Contact

Fax No.	Bus. No.	Mobile No.	Pager No.
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Occurrence	
Location of Occurrence (Include city & state)	Authority Contacted
Description of Occurrence (Use reverse side, if necessary)	

Policy Information
Coverage Part or Forms
(Insert form #s and edition dates)

General Aggregate	Prod/Comp Or Agg	Pers & Adv Inj	Each Occ.	Fire Damage	Medical Expense	Deductible	<input type="checkbox"/> PD
1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	10,000	None	<input type="checkbox"/> BI
Loss Payee						Collision Deductible	
Umbrella/Excess	Umbrella	Excess	Carrier	Limits	Per Claim	Per Occ	

Type of Liability	
Premises: Insured is <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other:	Type of Premises
Owner's Name & Address (If not insured)	Owner's No.
Products: Insured is <input type="checkbox"/> Manufacturer <input type="checkbox"/> Vendor <input type="checkbox"/> Other:	Type of Product
Manufacturer's Name & Address (If not insured)	Manufacturer's No
Where can Product be seen?	
Other Liability Including Completed Operations (explain)	

Injured/Property Damaged							
Name & Address (Injured/Owner)						Phone No.	
Age	Sex	Occupation	Employer's Name & Address			Phone No.	
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 No.	Residence Phone No.

Remarks (Include adjuster assigned)	
Reported By	Reported To
