

<p>4 DESCRIPTION OF THE OCCURRENCE</p> <p>If a claim has been received please advise us immediately and forward the letter unanswered.</p> <p>If any claim has been made against you state \$ for what amount.</p>	<p>IMPORTANT NOTE</p>
<p>DESCRIBE THE NATURE OF THE INJURIES /DAMAGED</p> <p>IF REMOVED TO HOSPITAL OR OTHERWISE MEDICALLY EXAMINED, PLEASE STATE NAME AND ADDRESS OF DOCTOR OR HOSPITAL</p>	
<p>2 NAME OF PERSON INJURED/PROPERTY DAMAGED</p> <p>PROFESSION OR OCCUPATION</p> <p>ADDRESS</p> <p>TELEPHONE NO.</p>	
<p>1 POLICYHOLDER'S NAME</p> <p>OCCUPATION, TRADE OR BUSINESS</p> <p>ADDRESS</p> <p>TELEPHONE NO.</p>	

<p>Have you any other similar policy in force?</p> <p>If so, please give Name of Company and Policy No.</p> <p><u>YES or NO</u></p>
<p>ISSUING COMPANY</p>
<p>POLICY NO. AND RENEWAL DATE</p>

PUBLIC LIABILITY CLAIM



5 DATE OF OCCURRENCE.....TIME.....A.M./P.M.

WHEN WAS THE OCCURRENCE FIRST REPORTED TO YOU OR YOUR REPRESENTATIVE?

IF NOT REPORTED TO YOU, TO WHOM WAS THE OCCURRENCE REPORTED?

WHERE DID IT OCCUR?

IF IN OR ABOUT A BUILDING STATE

(a) WHETHER OWNED AND OCCUPIED BY YOU

(b) IF NOT, BY WHOM?

(c) TYPE OF BUILDING (SHOP, FACTORY, ETC.)

NATURE OF WORK BEING PERFORMED AT TIME OF OCCURRENCE

WAS OCCURRENCE DUE TO NEGLIGENCE?

IF SO, GIVE NAME, ADDRESS AND OCCUPATION OF THE PERSON WHOSE NEGLIGENCE CAUSED THIS OCCURRENCE

WHAT NEGLIGENCE IS ALLEGED?

IF THIS PERSON IS NOT IN YOUR EMPLOYMENT, STATE BY WHOM EMPLOYED

HAS INJURED PARTY OR ANY OTHER PERSON ADMITTED NEGLIGENCE?

IF SO, GIVE NAME AND ADDRESS

IF YOU WERE A SUB-CONTRACTOR, GIVE NAME AND ADDRESS OF PRINCIPAL CONTRACTOR

NAMES AND ADDRESSES OF WITNESSES

I/We certify that the foregoing statement is a true account to the best of my/our knowledge and belief.

SIGNATURE OF POLICYHOLDER

NOTE: The designation of the person signing must be given.

DATE