



INSTRUCTIONS – GENERAL LIABILITY CLAIM

PRINT CLAIM FORM AND COMPLETE THE FOLLOWING SECTIONS:

DATE (DATE YOU ARE FILING CLAIM)

DATE OF LOSS

INSURED

OCCURRENCE (BE CLEAR AND DETAILED)

INJURED / PROPERTY DAMAGED

WITNESSES (IF ANY)

REMARKS (ANY ADDITIONAL INFORMATION YOU WANT TO INCLUDE)

EMAIL OR FAX THE CLAIM FORM TO OUR OFFICE:

FAX 281-676-3754

EMAIL carol@pecaninsurance.com

DO NOT WAIT TO COMPLETE THIS FORM. SEND TO OUR OFFICE AS SOON AS YOU ARE MADE AWARE OF AN INCIDENT. BEFORE WE FILE THE CLAIM WE WILL CONTACT YOU TO REVIEW.

IF YOU HAVE RECEIVED ANY NOTICES FROM OTHER PARTIES INVOLVED IN THE INCIDENT, SUCH AS LEGAL DOCUMENTS FROM AN ATTORNEY, INCLUDE THOSE DOCUMENTS WHEN YOU SEND US YOUR CLAIM FORM.

ONCE WE SEND THE CLAIM FORM TO YOUR INSURANCE COMPANY THEY WILL BEGIN THE PROCESS OF ASSIGNING A CLAIM ADJUSTER TO YOU. AT THIS POINT THE COMMUNICATION REGARDING YOUR CLAIM WILL BE BETWEEN YOU AND YOUR ADJUSTER. THE ADJUSTER AND INSURANCE COMPANY DO NOT SEND ANY INFORMATION TO OUR OFFICE. BE SURE TO ACCEPT THEIR PHONE CALLS AND RESPOND TO THEM RIGHT AWAY IF PAPERWORK IS REQUESTED.

BE PATIENT. COMMERCIAL CLAIMS CAN TAKE LONGER TO PROCESS. IF YOU FIND THAT YOUR COMMUNICATION WITH YOUR ADJUSTER HAS BECOME NIL PLEASE NOTIFY OUR OFFICE AND WE WILL CONTACT THE INSURANCE COMPANY AND ASSIST WITH RESOLVING THE ISSUE.



GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MMDD/YYYY)

AGENCY Pecan Insurance 2800 FM 359 Road Richmond TX 77406	INSURED LOCATION CODE	DATE OF LOSS AND TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
	CARRIER	NAIC CODE	
POLICY NUMBER			
CONTACT NAME: Carol Morgan PHONE (A/C, No, Ext): 832-490-1375 FAX (A/C, No): 281-676-3754 E-MAIL ADDRESS: carol@pecaninsurance.com			
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

INSURED

NAME OF INSURED (First, Middle, Last)		INSURED'S MAILING ADDRESS	
DATE OF BIRTH	FEIN (if applicable)		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
		SECONDARY E-MAIL ADDRESS:	

CONTACT CONTACT INSURED

NAME OF CONTACT (First, Middle, Last)		CONTACT'S MAILING ADDRESS	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
WHEN TO CONTACT		SECONDARY E-MAIL ADDRESS:	

OCCURRENCE

LOCATION OF OCCURRENCE	POLICE OR FIRE DEPARTMENT CONTACTED
STREET:	
CITY, STATE, ZIP:	REPORT NUMBER
COUNTRY:	
DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS:	
DESCRIPTION OF OCCURRENCE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

TYPE OF LIABILITY

PREMISES: INSURED IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/>	TYPE OF PREMISES
OWNER'S NAME & ADDRESS (if not insured)	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:
PRODUCTS: INSURED IS <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> VENDOR <input type="checkbox"/>	TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS (if not insured)	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:
WHERE CAN PRODUCT BE SEEN?	

INJURED / PROPERTY DAMAGED

AGENCY CUSTOMER ID: _____

NAME & ADDRESS (Injured/Owner)				EMPLOYER'S NAME & ADDRESS			
PRIMARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL	
SECONDARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			
AGE	SEX	OCCUPATION		DESCRIBE INJURY			
WHERE TAKEN				WHAT WAS INJURED DOING?			
DESCRIBE PROPERTY (Type, model, etc.)				ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?		

WITNESSES

NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL	SECONDARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL
	PRIMARY E-MAIL ADDRESS:													
	SECONDARY E-MAIL ADDRESS:													
NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL	SECONDARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL
	PRIMARY E-MAIL ADDRESS:													
	SECONDARY E-MAIL ADDRESS:													
NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL	SECONDARY PHONE #	<input type="checkbox"/>	HOME	<input type="checkbox"/>	BUS	<input type="checkbox"/>	CELL
	PRIMARY E-MAIL ADDRESS:													
	SECONDARY E-MAIL ADDRESS:													

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REPORTED BY	REPORTED TO
-------------	-------------

