



General Liability Loss Notice

Reference Number

INITIAL INFORMATION

Notice Only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of incident	Time of incident	Date Insured Notified	Incident State
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INSURED INFORMATION

Insured Name	FEIN	Telephone Number	Is the mailing address the same? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insured Address, City, State, Zip, County		Fax Number	Mailing Address, City, State, Zip, County

POLICY INFORMATION

Policy Division	Policy Prefix	Policy Number	Effective Date	Expiration Date
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INCIDENT INFORMATION

Was there property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were there injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the incident occur on the Insured's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Incident
Incident Location Address, City, State, Zip, County	

TYPE OF LIABILITY

This incident involves: Premises Product Other

PREMISES DETAILS

The Insured is the <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other	If Other, please describe		
Type of Premises	Damage Description		
Does the owner of the premises have the same address as the incident location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Premises Owner Address, City, State, Zip, County	Telephone Number	

PRODUCT DETAILS

Type of Product	Where can product be seen?
The insured is the: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Vendor <input type="checkbox"/> Other	If other, please describe
Damage Description	

OTHER DETAILS

If Other, please describe	Type of Liability
Damage Description	

EMERGENCY SERVICES

Were authorities contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Police	<input type="checkbox"/> Fire	<input type="checkbox"/> Other
Authority Name	Report Number	Violations/Citations	
Authority Name	Report Number		
Authority Name	Telephone Number		

Reported By Name	Date Reported	Affiliation
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PROPERTY DAMAGE INFORMATION

Description of Damaged Property		
Estimated Damage (\$)	Where can the property be seen?	When can the property be seen?
Property Owner Name	Property Owner Address, City, State, Zip, County	Telephone Number

Additional Property Owners may be provided

INJURED PARTY INFORMATION

Injured Party Name	Social Security Number	Date of Birth	Age	Gender	Injured Occupation
Injured Party Address, City, State, Zip, County			Telephone Number		
Was the Injury Fatal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date of Death	Injury Description			
What was the Injured Party doing at the time of the incident?					
Was the injured party taken to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Admitted <input type="checkbox"/>	Hospital Name & Address			Telephone Number

Additional Injured Party information may be provided

WITNESS INFORMATION

Witness Name	Witness Address, City, State, Zip, County	Telephone Number
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LOCATION CODES

<i>Code</i>	<i>Description</i>	<i>Code</i>	<i>Description</i>
<i>Code</i>	<i>Description</i>	<i>Code</i>	<i>Description</i>
<i>Code</i>	<i>Description</i>	<i>Code</i>	<i>Description</i>

CONTACT INFORMATION

Contact Name	Telephone Number	Cell Phone Number	Fax Number	Email Address
What is the best time of contact? From <input type="checkbox"/> AM <input type="checkbox"/> PM		To <input type="checkbox"/> AM <input type="checkbox"/> PM	Preferred Method of contact	
Best days of contact <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				

ADDITIONAL COMMENTS

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Reported By Name	Date Reported	Affiliation
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PLEASE READ THE FOLLOWING AND SIGN THE REVERSE SIDE OF THIS FORM. THE FAILURE TO SIGN AND DATE THIS FORM MAY DELAY THE PROCESSING OF YOUR CLAIM.

Declarations and Authorizations

I declare that, to the best of my knowledge and belief, all of the information provided in support of this claim is complete, true and accurate. I understand that if I made or shall make any false or fraudulent statements, or withhold material facts whatsoever, the policy may be deemed void and could result in the forfeiture of my rights under the policy.

I understand the information related to my claim may be disclosed to and used by AIG and affiliated companies, hereinafter referred to as "the Companies," for the purpose of processing my claim for benefits. I authorize disclosure of any and all information covered by the insurance policy. I understand the information disclosed pursuant to this authorization may be used or disclosed to evaluate, process, or facilitate recovery of monies due to Companies to substantiate claims.

For residents of all states except those states noted below:

WARNING: Any person who knowingly and with the intent to injure, defraud, deceive any insurance company or other person, who files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution, civil penalties and forfeiture of insurance benefits.

For residents of WASHINGTON D.C., MAINE, TENNESSEE, VIRGINIA and WASHINGTON: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

For residents of ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, PENNSYLVANIA, RHODE ISLAND, TEXAS and WEST VIRGINIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under this title.

ARIZONA: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE, IDAHO and OKLAHOMA: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

INDIANA: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present,

the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances be present, it may be reduced to a minimum of two (2) years.

Date

Signed here (Claimant)

Date

Signed Here (Policyholder)