

LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)
05/04/2024

PRODUCER Producer Name 123 Main St #234 San Francisco CA, 94106		INSURED LOCATION CODE Producer Location Code	DATE OF LOSS AND TIME 05/04/2024 Prod-	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
CONTACT NAME: Robin W. Smith PHONE (A/C. No. Ext): (555) 444-3333 FAX (A/C. No.): (555) 444-3333 E-MAIL ADDRESS: testy@example.com		CARRIER Producer Carrier	UCR NAIC CODE LossProduc- Timer NAIC Code	
CODE: Producer Code SUBCODE: Producer Subcode		POLICY NUMBER Producer Policy Number		
AGENCY CUSTOMER ID: AGENCY CUSTOMER ID		LINE OF BUSINESS Producer Line of Business		

INSURED

NAME OF INSURED (First, Middle, Last) Robin W Smith		INSURED'S MAILING ADDRESS 123 Main St #234 San Francisco CA, 94106	
DATE OF BIRTH 05/04/2024	FEIN (if applicable) 89-7654321		
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com	

CONTACT CONTACT INSURED

NAME OF CONTACT (First, Middle, Last) Robin W Smith		CONTACT'S MAILING ADDRESS 123 Main St #234 San Francisco CA, 94106	
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (555) 444-3333	PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com	
WHEN TO CONTACT Contact When To Contact			

OCCURRENCE

LOCATION OF OCCURRENCE STREET: 123 Main St #234 CITY, STATE, ZIP: San Francisco CA 94106 COUNTRY:	POLICE OR FIRE DEPARTMENT CONTACTED Occurrence Police or Department Contacted REPORT NUMBER Occurrence Report Number
DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS: Occurrence Description	
DESCRIPTION OF OCCURRENCE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	

TYPE OF LIABILITY

PREMISES: INSURED IS <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	TYPE OF PREMISES Type Of Premises
OWNER'S NAME & ADDRESS (If not insured) Robin W. Smith 123 Main St #234 San Francisco CA, 94106	PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333 SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333 PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com
PRODUCTS: INSURED IS <input checked="" type="checkbox"/> MANUFACTURER <input type="checkbox"/> VENDOR	TYPE OF PRODUCT Type of Products
MANUFACTURER'S NAME & ADDRESS (If not insured) Robin W. Smith	PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333 SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333 PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com
WHERE CAN PRODUCT BE SEEN?	

INJURED / PROPERTY DAMAGED

NAME & ADDRESS (Injured/Owner) Robin W. Smith 123 Main St #234 San Francisco CA, 94106		EMPLOYER'S NAME & ADDRESS Property Damaged Employer Name 123 Main St #234 San Francisco CA, 94106	
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333
PRIMARY E-MAIL ADDRESS: testy@example.com		PRIMARY E-MAIL ADDRESS: testy@example.com	
SECONDARY E-MAIL ADDRESS: testy@example.com		SECONDARY E-MAIL ADDRESS: testy@example.com	
AGE	SEX	OCCUPATION Property Damaged Occupation	
WHERE TAKEN Property Damaged Where Taken		DESCRIBE INJURY Property Damaged Injury Description	
DESCRIBE PROPERTY (Type, model, etc.) Property Damaged Description		ESTIMATE AMOUNT \$12,345.67	WHERE CAN PROPERTY BE SEEN? Property Damaged Where Can be seen

WITNESSES

NAME AND ADDRESS Robin W. Smith 123 Main St #234 San Francisco CA, 94106	PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333
	PRIMARY E-MAIL ADDRESS: testy@example.com SECONDARY E-MAIL ADDRESS: testy@example.com	
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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REPORTED BY Remarks Reported By	REPORTED TO Remarks Reported To
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Applicable in Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Applicable in 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 state law.

Applicable in 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.

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

Applicable in 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.

Applicable in 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.

Applicable in Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Applicable in the District of Columbia: 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.

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

Applicable in Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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

Applicable in Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

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

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

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

Applicable in Nevada: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a category D felony.

Applicable in 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.

Applicable in New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in 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.

Applicable in Ohio: Any person who, with 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.

Applicable in 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.

Applicable in Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Pennsylvania: 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.

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

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

Applicable in Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in Texas: Any person who knowingly presents a 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.

Applicable in Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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