

NOTICE OF AN OCCURRENCE, OFFENSE OR CLAIM

SECTION I – TYPE OF NOTICE

What type of notice is this? (Check and complete all that apply.)

- | | | | |
|-------------------------------------|------------|-------|-------|
| <input type="checkbox"/> | Occurrence | Date: | Time: |
| <input type="checkbox"/> | Offense | Date: | Time: |
| <input checked="" type="checkbox"/> | Claim | Date: | |

Was the occurrence or offense previously reported to us? Yes No

If Yes, provide the claim or reference number if available:

Was it previously reported to another insurer? Yes No

If Yes, provide the name of that insurer and the claim or reference number if available:

SECTION II – NAMED INSURED AND PERSON TO CONTACT INFORMATION

Named Insured:

Address:

Daytime Phone No.:

Evening Phone No.:

E-Mail Address:

Fax No.:

Name Of Contact (if different from named insured):

Address:

Daytime Phone No.:

Evening Phone No.:

E-Mail Address:

Fax No.:

SECTION III – POLICY INFORMATION

Insurance Company: National Fire and Indemnity Exchange

Policy No.:

Policy Effective Date:

Policy Expiration Date:

Type Of Policy:

Commercial Package Policy

Farm Umbrella

Other (Describe):

Businessowners

Commercial Liability Umbrella (CLU)

Farm

Is this a claims-made policy?

Yes

No

If Yes, provide the retroactive date (enter none, if no date is applicable):

SECTION IV – OCCURRENCE OR OFFENSE INFORMATION

Location of occurrence or offense (include City and State):

Description of occurrence or offense:

Authorities contacted (if applicable):

List all involved insureds:

SECTION V – PREMISES INFORMATION

(If Occurrence or Claim is related to premises)

The Named Insured is the:

Owner

Tenant

Contractor

Other (Describe):

Description of the premises or jobsite:

If the Named Insured is not the owner, provide the owner's Name and Address:

Name:

Address:

Daytime Phone No.:

Evening Phone No.:

Is the occurrence or claim related to completed operations?

Yes

No

SECTION IX – INFORMATION ON OTHER INSURANCE

(Whose policy may also apply to the claim)

Insurance Company:

Named Insured:

Policy No.:

Policy Effective Date:

Policy Expiration Date:

Type Of Policy:

- General Liability (GL)
- Farm Umbrella
- Other (Describe):

- Businessowners
- Farm
- Commercial Liability Umbrella (CLU)

Is this a claims-made policy?

Yes No

If Yes, provide the retroactive date (enter none, if no date is applicable):

Are you an additional insured on this policy?

Yes No

Limits of Insurance: (Fill in any that apply.)	\$	Each Occurrence (Or Liability And Medical Expense Limit)
	\$	Damage To Premises Rented To You (Any one premises)
	\$	Medical Expense (Any one person)
	\$	Personal And Advertising Injury
	\$	General Aggregate
	\$	Products/Completed Operations Aggregate
	\$	Other

Attach additional sheet(s) if more than two policies apply to the claim.

SECTION X – ADDITIONAL COMMENTS

SECTION XI – NAMES AND SIGNATURE

Name Of Person Reporting the Occurrence, Offense or Claim:

Name Of Company or Agency Person Occurrence, Offense or Claim Is Reported To:

NIE Insurance- Valerie Meyer Claims Coordinator

Signature Of Insured/Agent or Broker:

Date:

FRAUD STATEMENT

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.

FRAUD STATEMENT TO ARKANSAS APPLICANTS

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.

FRAUD STATEMENT TO COLORADO APPLICANTS

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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

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.

FRAUD STATEMENT TO FLORIDA APPLICANTS

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

FRAUD STATEMENT TO HAWAII APPLICANTS

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

FRAUD STATEMENT TO IDAHO APPLICANTS

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

FRAUD STATEMENT TO KENTUCKY APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

FRAUD STATEMENT TO LOUISIANA APPLICANTS

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.

FRAUD STATEMENT TO MAINE APPLICANTS

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 a denial of insurance benefits.

FRAUD STATEMENT TO MINNESOTA APPLICANTS

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

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS

Any person who, with 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.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FRAUD STATEMENT TO NEW MEXICO APPLICANTS

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.

FRAUD STATEMENT TO NEW YORK APPLICANTS

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.

FRAUD STATEMENT TO OHIO APPLICANTS

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.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

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.

FRAUD STATEMENT TO OREGON APPLICANTS

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

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS

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.

FRAUD STATEMENT TO TENNESSEE APPLICANTS

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.

FRAUD STATEMENT TO VIRGINIA APPLICANTS

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.