

MADISON INTERNATIONAL INSURANCE COMPANY I.I.
 c/o Captive Alternatives, LLC, P.O. Box 467519, Atlanta GA 31146

GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

Today's Date
(MM/DD/YYYY)

<input type="checkbox"/> NOTICE OF OCCURRENCE	Date of Occurrence:	POLICY NUMBER		
<input type="checkbox"/> NOTICE OF CLAIM		POLICY EFFECTIVE DATE	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	

INSURED		CONTACT	
NAME AND ADDRESS		NAME AND ADDRESS	
BUSINESS PHONE NUMBER		BUSINESS PHONE NUMBER	

OCCURRENCE

LOCATION OF OCCURRENCE (Include City & State)	AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (Attach if necessary)	

WITNESSES

NAME & ADDRESS	BUSINESS PHONE NUMBER	RESIDENCE PHONE NUMBER

REMARKS

ESTIMATED AMOUNT (Please attach detailed information)	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?

INSURED SIGNATURE

REPORTED BY	REPORTED TO	SIGNATURE OF INSURED

Insurance Company Information (do not fill below line)

Information collected by:
POLICY INFORMATION

----- COVERAGE LIABILITY LIMITS -----

GENERAL AGGREGATE	PRODUCT AGGREGATE	PERSONAL INJURY	EACH OCCURRENCE	FIRE DAMAGE	EDICAL EXPEN	DEDUCTIBLE	PD
AMOUNT PAID	APPROVAL SIGNATURE			DATE			

INSURED PLEASE COMPLETE

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