

# JPA GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DISTRICT	CONTACT	
	NAME AND ADDRESS	WHERE TO CONTACT
		WHERE TO CONTACT
BUSINESS PHONE(A/C, No, Ext)	BUSINESS PHONE(A/C, No, Ext)	DATE & TIME OF LOSS

OCCURRENCE	
LOCATION OF OCURRENCE (Include city & state)	AUTHORITY CONTACTED, REPORT #

DESCRIPTION OF OCCURRENCE (Use reverse side, if necessary)

TYPE OF LIABILITY	
PREMISES: DISTRICT <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER <input type="checkbox"/>	TYPE OF PREMISES
OWNER'S NAME & ADDRESS (If not district)	OWNERS PHONE (A/C, No, Ext):

INJURED/PROPERTY DAMAGED	
NAME & ADDRESS (Injured/Owner)	PHONE (A/C, No, Ext)

AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS	PHONE (A/C, No, Ext)
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DESCRIBE INJURY	WHERE TAKEN	WHAT WAS INJURED DOING?
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DESCRIBE PROPERTY	ESTIMATE AMOUNT OF DAMAGE
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WITNESSES		
NAME & ADDRESS	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)

REMARKS

REPORTED BY	REPORTED TO	SIGNATURE OF DISTRICT REPRESENTATIVE
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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.  
 California Insurance Frauds Prevention Act 1871.2