

<b>GENERAL LIABILITY NOTICE OF OCCURRENCE</b>				DATE (MM/DD/YYYY)	
<b>PRODUCER</b> GTPS Insurance Agency 1311 S. Neil St P.O. Box 1007	PHONE: 217-373-6856	NOTICE OF OCCURRENCE/ NOTICE OF CLAIM COMPANY	DATE OF OCCURRENCE AND TIME	PREVIOUSLY REPORTED	
				YES	NO
	AGENCY CUSTOMER ID:	POLICY NUMBER	REFERENCE NUMBER		

<b>INSURED</b>		<b>CONTACT</b>	
NAME AND ADDRESS	FEIN:	NAME AND ADDRESS	
		BUSINESS PHONE	

<b>OCCURRENCE</b>
LOCATION OF OCCURRENCE (Include city & state)
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)

<b>INJURED/PROPERTY DAMAGED</b>			
NAME AND ADDRESS (Injured/Owner)			
BIRTHDAY	GENDER	OCCUPATION	PHONE
EMPLOYER'S NAME & ADDRESS			
DESCRIBE INJURY			
<input type="checkbox"/>	FATALITY		
WHERE TAKEN			
WHAT WAS INJURED DOING?			

<b>WITNESSES</b>		
NAME AND ADDRESS	BUSINESS PHONE	RESIDENCE PHONE
REMARKS		
REPORTED BY	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER