

GENERAL LIABILITY LOSS NOTICE

CAU

2 Caufield Place
Newtown, PA 18940

CODE	PRODUCER PHONE (A/C, No., Ext.)	Retroactive Date	Notice of Occurrence <input type="checkbox"/>	Date of Claim	DATE
PRODUCER		COMPANY	Notice of Claim <input type="checkbox"/>	CAT. #	
			X		
		EFFECTIVE DATE	EXPIRATION DATE	DATE & TIME of LOSS	PREV. REPORTED
				X	

INSURED (Condo Association)

CODE	INSURED'S PHONE	INSURED'S Fax / Cell Phone	WHERE TO CONTACT
X	Ext.: Ext.:	CP	
PERSON TO CONTACT (Property Manager or Board Member)			WHEN
X			
CONTACT'S BUSINESS PHONE		CONTACT'S CELL PHONE	
X	Ext.:	X	Ext.:

OCCURRENCE

LOCATION OF OCCURRENCE (Include city & state)	AUTHORITY CONTACTED

DESCRIPTION OF OCCURRENCE

X

Other Liability Including Completed Operations (Explain)

INJURED/PROPERTY DAMAGED

NAME & ADDRESS (Injured / Owner)	CODE	TYPE	
X			
AGE	SEX	OCCUPATION	
DESCRIBE INJURY			
INJURED/ OWNER PHONE	DESCRIBE PROPERTY (Type, model, etc.)		
Ext.			
EMPLOYERS NAME & ADDRESS	FATALITY	WHERE TAKEN	WHAT WAS INJURED DOING?
EMPLOYERS PHONE	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN
Ext.			

WITNESSES

NAME & ADDRESS	CODE	BUSINESS PHONE
		Ext.
		RESIDENCE PHONE
		Ext.

MISCELLANEOUS INFORMATION

REMARKS (Unit Owner Info.)

X

ADJUSTER ASSIGNED	DATE ASSIGNED		
REPORTED BY	REPORTED TO	CAU ADJUSTER ASSIGNED	SIGNATURE OF PRODUCER OR INSURED
X			

Please complete all information indicated by an X and fax to (267) 757-7424 or email to dclaims@cauinsure.com.

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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Connecticut, Delaware, Georgia, Illinois, Kentucky, Michigan, Montana, New Jersey, New York, Pennsylvania, Tennessee, Utah, Virginia, Wisconsin and Wyoming

Any person who knowingly and with intent to defraud any insurance company or another 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, subject to criminal prosecution and [NY: substantial] civil penalties. In TN and VA, insurance benefits may also be denied.

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.

Applicable in Idaho

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim 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 Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and 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 Massachusetts and Oregon

Any person, who knowingly and with intent to defraud any insurance company or another person, files and application for insurance or statement or 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 might be a crime in Massachusetts or Oregon and might subject the person to criminal and civil penalties. Insurance benefits may also be denied.

Applicable in Minnesota

Any 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 felony.

Applicable in New Hampshire

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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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 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.