

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 3 (2011/07)	General Liability Notice of Occurrence / Claim	The title of the form. ACORD 3, General Liability Notice of Occurrence / Claim, is used to report both commercial and personal liability losses. The third page of the form contains required state specific fraud warnings.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Address 1	Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION	Address 2	Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION	Zip	Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	FAX	Enter number: The fax number of the producer/agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

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IDENTIFICATION SECTION	Insured Location Code	Enter code: The code the policyholder defines that is used to allocate loss experience to cost centers. For example, if a grocery store chain is insured and the entire chain was under one policy, the grocery store chain might choose to allocate the losses for each store. To do this they would provide a store number or store code (something the insured defines) when they report a claim. The insured would include that store number in the "Insured Location Code" field so that the carrier can record the code in their claim system and then the right store is assessed the loss experience.
IDENTIFICATION SECTION	Date of Loss	Enter date: The date that the loss occurred.
IDENTIFICATION SECTION	Time of Loss	Enter time: The approximate time that the loss occurred.
IDENTIFICATION SECTION	AM	Check the box (if applicable): Indicates the loss occurred in the morning.
IDENTIFICATION SECTION	PM	Check the box (if applicable): Indicates the loss occurred in the afternoon or evening.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
INSURED	Name of Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
INSURED	Date of Birth	Enter date: The date of birth of the insured.
INSURED	FEIN	Enter identifier: The tax identifier of the named insured. As used here, this is the Federal Employer Identification Number.
INSURED	Primary Phone	Enter number: The named insured's primary phone number.
INSURED	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
INSURED	Bus	Check the box (if applicable): Indicates the primary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.

Section Name	Field Name	Field and/or Section Description
INSURED	Secondary Phone	Enter number: The named insured's secondary phone number.
INSURED	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
INSURED	Bus	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the phone number is for a cell phone.
INSURED	Insured's Mailing Address	Enter text: The named insured's mailing address line one.
INSURED	Address 2	Enter text: The named insured's mailing address line two.
INSURED	City	Enter text: The named insured's mailing address city name.
INSURED	State	Enter code: The named insured's mailing address state or province code.
INSURED	Zip	Enter code: The named insured's mailing address postal code.
INSURED	Primary E-Mail Address	Enter text: The named insured's primary e-mail address.
INSURED	Secondary E-Mail Address	Enter text: The named insured's secondary e-mail address.
CONTACT	Contact Insured	Check the box (if applicable): Indicates If the individual to contact is the same as the insured, check this box and leave blank the areas for contact name, address and phone numbers.
CONTACT	Name of Contact	Enter text: The full name (First, Middle, Last) of the individual to be contacted as a representative of the insured on all subsequent business relating to this incident. No entry is needed if the 'Contact Insured' option is checked.
CONTACT	Primary Phone	Enter number: The loss contact's primary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
CONTACT	Bus	Check the box (if applicable): Indicates the primary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
CONTACT	Secondary Phone	Enter number: The loss contact's secondary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
CONTACT	Bus	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
CONTACT	When to Contact	Enter text: The best time of the day to contact this individual (e.g., evenings, days, noon to 3:00 P.M.).

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CONTACT	Contact's Mailing Address	Enter text: The loss contact's first address line.
CONTACT	Address 2	Enter text: The loss contact's second address line.
CONTACT	City	Enter text: The loss contact's city.
CONTACT	State	Enter code: The loss contact's state.
CONTACT	Zip	Enter code: The loss contact's postal code.
CONTACT	Primary E-Mail Address	Enter text: The loss contact's primary e-mail address.
CONTACT	Secondary E-Mail Address	Enter text: The loss contact's secondary e-mail address.
OCCURRENCE	Location of Occurrence Street	Enter text: The loss location's physical street address.
OCCURRENCE	Location of Occurrence City, State, Zip	Enter text: The loss location's city.
OCCURRENCE	State	Enter code: The loss location's state or province code.
OCCURRENCE	Zip	Enter code: The loss location's postal code.
OCCURRENCE	Location of Occurrence Country	Enter code: The loss location's country code.
OCCURRENCE	Describe Location of Occurrence if not at Specific Street Address	Enter text: The description of the location of loss if not at a specific street address.
OCCURRENCE	Police or Fire Department Contacted	Enter text: The name of the municipal, county or other police department, fire department or other authority to which the accident was reported, including any precinct or station number, if available.
OCCURRENCE	Report Number	Enter identifier: The report number assigned by the authority contacted. For example, the number of the vehicle incident report filed by the police after an automobile accident.
OCCURRENCE	Description of Occurrence	Enter text: The description of the incident resulting in a potential loss to the insured. As used here, attach ACORD 101, Additional Remarks Schedule, if more space is required.
TYPE OF LIABILITY	Premises: Insured is Owner	Check the box (if applicable): Indicates the named insured's interest in the property is as its owner.
TYPE OF LIABILITY	Premises: Insured is Tenant	Check the box (if applicable): Indicates the named insured's interest in the property is as its tenant.
TYPE OF LIABILITY	Premises: Insured is Other	Check the box (if applicable): Indicates the named insured's interest in the property is other than those listed.
TYPE OF LIABILITY	Premises: Insured is Other Description	Enter text: The named insured's interest in the property.
TYPE OF LIABILITY	Owner's Name & Address	Enter text: The full name of the individual or business that is the owner of the vehicle or property.
TYPE OF LIABILITY	Address 1	Enter text: The first address line of the owner of the vehicle or property.

Section Name	Field Name	Field and/or Section Description
TYPE OF LIABILITY	Address 2	Enter text: The second address line of the owner of the vehicle or property.
TYPE OF LIABILITY	City	Enter text: The city of the owner of the vehicle or property.
TYPE OF LIABILITY	State	Enter code: The state or province code of the owner of the vehicle or property.
TYPE OF LIABILITY	Zip	Enter code: The postal code of the owner of the vehicle or property.
TYPE OF LIABILITY	Type of Premises	Enter text: The description of the premises (e.g., mercantile with apartments).
TYPE OF LIABILITY	Primary Phone	Enter number: The primary phone number for the owner of the vehicle or property.
TYPE OF LIABILITY	Home	Check the box (if applicable): Indicates the primary phone number for the owner is a home phone.
TYPE OF LIABILITY	Bus	Check the box (if applicable): Indicates the primary phone number for the owner is a business phone.
TYPE OF LIABILITY	Cell	Check the box (if applicable): Indicates the primary phone number for the owner is a cell phone.
TYPE OF LIABILITY	Secondary Phone	Enter number: The secondary phone number for the owner of the vehicle or property.
TYPE OF LIABILITY	Home	Check the box (if applicable): Indicates the secondary phone number for the owner is a home phone.
TYPE OF LIABILITY	Bus	Check the box (if applicable): Indicates the secondary phone number for the owner is a business phone.
TYPE OF LIABILITY	Cell	Check the box (if applicable): Indicates the secondary phone number for the owner is a cell phone.
TYPE OF LIABILITY	Primary E-Mail Address	Enter text: The primary e-mail address of the owner of the vehicle or property.
TYPE OF LIABILITY	Secondary E-Mail Address	Enter text: The secondary e-mail address of the owner of the vehicle or property.
TYPE OF LIABILITY	Products: Insured Is Manufacturer	Check the box (if applicable): Indicates the named insured's interest in the product is as its manufacturer.
TYPE OF LIABILITY	Products: Insured Is Vendor	Check the box (if applicable): Indicates the named insured's interest in the product is as its vendor.
TYPE OF LIABILITY	Products: Insured is Other	Check the box (if applicable): Indicates the named insured's interest in the product is other than those listed.
TYPE OF LIABILITY	Products: Insured is Other Description	Enter text: The named insured's interest in the product.
TYPE OF LIABILITY	Manufacturer's Name & Address	Enter text: The full name of the product manufacturer.
TYPE OF LIABILITY	Address 1	Enter text: The product manufacturer's first address line.
TYPE OF LIABILITY	Address 2	Enter text: The product manufacturer's second address line.
TYPE OF LIABILITY	City	Enter text: The product manufacturer's city.
TYPE OF LIABILITY	State	Enter code: The product manufacturer's state or province.
TYPE OF LIABILITY	Zip	Enter code: The product manufacturer's postal code.

Section Name	Field Name	Field and/or Section Description
TYPE OF LIABILITY	Type of Product	Enter text: The description of the insured's product (e.g., automobile parts, sales, appliances repair).
TYPE OF LIABILITY	Primary Phone	Enter number: The primary phone number for the product manufacturer.
TYPE OF LIABILITY	Home	Check the box (if applicable): Indicates the primary phone number for the product manufacturer is a home phone.
TYPE OF LIABILITY	Bus	Check the box (if applicable): Indicates the primary phone number for the product manufacturer is a business phone.
TYPE OF LIABILITY	Cell	Check the box (if applicable): Indicates the primary phone number for the product manufacturer is a cell phone.
TYPE OF LIABILITY	Secondary Phone	Enter number: The secondary phone number for the product manufacturer.
TYPE OF LIABILITY	Home	Check the box (if applicable): Indicates the secondary phone number for the product manufacturer is a home phone.
TYPE OF LIABILITY	Bus	Check the box (if applicable): Indicates the secondary phone number for the product manufacturer is a business phone.
TYPE OF LIABILITY	Cell	Check the box (if applicable): Indicates the secondary phone number for the product manufacturer is a cell phone.
TYPE OF LIABILITY	Primary E-Mail Address	Enter text: The primary email address for the product manufacturer.
TYPE OF LIABILITY	Secondary E-Mail Address	Enter text: The secondary email address for the product manufacturer.
TYPE OF LIABILITY	Where Can Product Be Seen?	Enter text: The location where the product can be inspected by the adjuster. If other than the insured's address, include the address.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
INJURED / PROPERTY DAMAGED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED / PROPERTY DAMAGED		Enter text: The first address line of the injured party.
INJURED / PROPERTY DAMAGED		Enter text: The second address line of the injured party.
INJURED / PROPERTY DAMAGED		Enter text: The city of the injured party.
INJURED / PROPERTY DAMAGED		Enter code: The state or province of the injured party.
INJURED / PROPERTY DAMAGED		Enter code: The postal code of the injured party.
INJURED / PROPERTY DAMAGED	Primary Phone	Enter number: The primary phone number of the injured party.

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INJURED / PROPERTY DAMAGED	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
INJURED / PROPERTY DAMAGED	Bus	Check the box (if applicable): Indicates the primary phone number is for a business phone.
INJURED / PROPERTY DAMAGED	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
INJURED / PROPERTY DAMAGED	Secondary Phone	Enter number: The secondary phone number of the injured party.
INJURED / PROPERTY DAMAGED	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
INJURED / PROPERTY DAMAGED	Bus	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
INJURED / PROPERTY DAMAGED	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
INJURED / PROPERTY DAMAGED	Primary E-Mail Address	Enter text: The primary email address for the injured party.
INJURED / PROPERTY DAMAGED	Secondary E-Mail Address	Enter text: The secondary email address for the injured party.
INJURED / PROPERTY DAMAGED	Employer's Name & Address	Enter text: The employer name (business name if self-employed).
INJURED / PROPERTY DAMAGED		Enter text: The first address line of the employer's physical address.
INJURED / PROPERTY DAMAGED		Enter text: The second address line of the employer's physical address.
INJURED / PROPERTY DAMAGED		Enter text: The city of the employer's physical address.
INJURED / PROPERTY DAMAGED		Enter code: The state code of the employer's physical address.
INJURED / PROPERTY DAMAGED		Enter code: The postal code of the employer's physical address.
INJURED / PROPERTY DAMAGED	Primary Phone	Enter number: The primary phone number of the employer.
INJURED / PROPERTY DAMAGED	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
INJURED / PROPERTY DAMAGED	Bus	Check the box (if applicable): Indicates the primary phone number is for a business phone.

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INJURED / PROPERTY DAMAGED	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
INJURED / PROPERTY DAMAGED	Secondary Phone	Enter number: The secondary phone number of the employer.
INJURED / PROPERTY DAMAGED	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
INJURED / PROPERTY DAMAGED	Bus	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
INJURED / PROPERTY DAMAGED	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
INJURED / PROPERTY DAMAGED	Primary E-Mail Address	Enter text: The primary email address for the employer.
INJURED / PROPERTY DAMAGED	Secondary E-Mail Address	Enter text: The secondary email address for the employer.
INJURED / PROPERTY DAMAGED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED / PROPERTY DAMAGED	Sex	Enter code: The gender of the injured party.
INJURED / PROPERTY DAMAGED	Occupation	Enter text: The occupation of the injured party.
INJURED / PROPERTY DAMAGED	Describe Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED / PROPERTY DAMAGED	Where Taken	Enter text: The description of where the injured party was taken.
INJURED / PROPERTY DAMAGED	What Was Injured Doing?	Enter text: The description of what the injured party was doing when the accident occurred.
INJURED / PROPERTY DAMAGED	Describe Property	Enter text: The description of the damaged property (e.g. printer # 31).
INJURED / PROPERTY DAMAGED	Estimate Amount	Enter amount: An estimate for the cost of repairing the vehicle, aircraft or property.
INJURED / PROPERTY DAMAGED	Where Can Property Be Seen?	Enter text: The location where the adjuster can inspect the vehicle, aircraft or property. If other than at the insured's address, include the address.
WITNESSES	Name & Address One	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
WITNESSES		Enter text: The first address line of a person that was a witness to the incident.
WITNESSES		Enter text: The city of a person that was a witness to the incident.

Section Name	Field Name	Field and/or Section Description
WITNESSES		Enter code: The state or province code of a person that was a witness to the incident.
WITNESSES		Enter code: The postal code of a person that was a witness to the incident.
WITNESSES	Primary Phone One	Enter number: The primary phone number of a person that was a witness to the incident.
WITNESSES	Home One	Check the box (if applicable): Indicates the primary phone number is for a home phone.
WITNESSES	Bus One	Check the box (if applicable): Indicates the primary phone number is for a business phone.
WITNESSES	Cell One	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
WITNESSES	Secondary Phone One	Enter number: The secondary phone number of the witness.
WITNESSES	Home One	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
WITNESSES	Bus One	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
WITNESSES	Cell One	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
WITNESSES	Primary E-Mail Address One	Enter text: The primary email address for the witness.
WITNESSES	Secondary E-Mail Address One	Enter text: The secondary email address for the witness.
WITNESSES	Name & Address Two	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
WITNESSES		Enter text: The first address line of a person that was a witness to the incident.
WITNESSES		Enter text: The city of a person that was a witness to the incident.
WITNESSES		Enter code: The state or province code of a person that was a witness to the incident.
WITNESSES		Enter code: The postal code of a person that was a witness to the incident.
WITNESSES	Primary Phone Two	Enter number: The primary phone number of a person that was a witness to the incident.
WITNESSES	Home Two	Check the box (if applicable): Indicates the primary phone number is for a home phone.
WITNESSES	Bus Two	Check the box (if applicable): Indicates the primary phone number is for a business phone.
WITNESSES	Cell Two	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
WITNESSES	Secondary Phone Two	Enter number: The secondary phone number of the witness.

Section Name	Field Name	Field and/or Section Description
WITNESSES	Home Two	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
WITNESSES	Bus Two	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
WITNESSES	Cell Two	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
WITNESSES	Primary E-Mail Address Two	Enter text: The primary email address for the witness.
WITNESSES	Secondary E-Mail Address Two	Enter text: The secondary email address for the witness.
WITNESSES	Name & Address Three	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
WITNESSES		Enter text: The first address line of a person that was a witness to the incident.
WITNESSES		Enter text: The city of a person that was a witness to the incident.
WITNESSES		Enter code: The state or province code of a person that was a witness to the incident.
WITNESSES		Enter code: The postal code of a person that was a witness to the incident.
WITNESSES	Primary Phone Three	Enter number: The primary phone number of a person that was a witness to the incident.
WITNESSES	Home Three	Check the box (if applicable): Indicates the primary phone number is for a home phone.
WITNESSES	Bus Three	Check the box (if applicable): Indicates the primary phone number is for a business phone.
WITNESSES	Cell Three	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
WITNESSES	Secondary Phone Three	Enter number: The secondary phone number of the witness.
WITNESSES	Home Three	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
WITNESSES	Bus Three	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
WITNESSES	Cell Three	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
WITNESSES	Primary E-Mail Address Three	Enter text: The primary email address for the witness.
WITNESSES	Secondary E-Mail Address Three	Enter text: The secondary email address for the witness.

Section Name	Field Name	Field and/or Section Description
REMARKS	Remarks (Attach ACORD 101, Additional Remarks Section, if more space is required)	Enter text: The general liability notice of occurrence / claim general remarks. Describe any other additional information that will assist in properly reporting and settling this claim. Attach ACORD 101, Additional Remarks Section, if more space is required.
REMARKS	Reported By	Enter text: The name of the individual that reported the loss.
REMARKS	Reported To	Enter text: The name of the individual within the agency or company to whom this loss was reported.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).