

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE ACORD 125 (2011/09)</b>	<b>Commercial Insurance Application Applicant Information Section</b>	<p>The title of the form. ACORD 125, Commercial Application - Applicant Information Section, is used in the underwriting process for any commercial account submission. The following instructions will provide assistance in the completion of the ACORD Commercial Insurance Applicant Information Section.</p> <p>The Applicant Information Section is the foundation on which the ACORD commercial application program is built. This form contains information that is not duplicated on other ACORD commercial application forms. The Applicant Information Section is a required part of every commercial submission except Workers Compensation, and no commercial application is complete without it.</p>
<b>IDENTIFICATION SECTION</b>	<b>Date (MM/DD/YYYY)</b>	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line two of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Contact Name</b>	Enter text: The name of the individual at the producer's establishment that is the primary contact.
<b>IDENTIFICATION SECTION</b>	<b>Phone (A/C, No, Ext)</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Fax No. (A/C, No, Ext)</b>	Enter number: The fax number of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>E-Mail Address</b>	Enter text: The producer's contact person e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	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).

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
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	Company Policy or Program Name	Enter text: The description of an independently filed policy or program that may be optionally available from the insurance company. It may also be used to name the subsidiary company in which the line of business will be placed.
IDENTIFICATION SECTION	Program Code	Enter code: The product code of the insurer for the policy.
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.
IDENTIFICATION SECTION	Underwriter	Enter text: The company underwriter (or other company staff person) that this form should be directed to.
IDENTIFICATION SECTION	Underwriter Office	Enter identifier: The company underwriting office that this application should be directed to.
STATUS OF TRANSACTION	Quote (checkbox)	Check the box (if applicable): Indicates the response expected from the company is a quote.
STATUS OF TRANSACTION	Issue Policy (checkbox)	Check the box (if applicable): Indicates the response expected from the company is an issued policy.
STATUS OF TRANSACTION	Renew (checkbox)	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
STATUS OF TRANSACTION	Bound (checkbox)	Check the box (if applicable): Indicates the coverage has been bound.
STATUS OF TRANSACTION	Change (checkbox)	Check the box (if applicable): Indicates the policy is being submitted for a policy change.
STATUS OF TRANSACTION	Cancel (checkbox)	Check the box (if applicable): Indicates the policy is being submitted for cancellation.
STATUS OF TRANSACTION	Date	Enter date: The date the policy status becomes effective. This date is used for policy statuses of bound, change, and cancel.
STATUS OF TRANSACTION	Time	Enter time: The time the policy status becomes effective. The time is used for policy statuses of bound, change, and cancel.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>STATUS OF TRANSACTION</b>	<b>AM (checkbox)</b>	Check the box (if applicable): Indicates the effective time of the policy status is before 12:00 pm.
<b>STATUS OF TRANSACTION</b>	<b>PM (checkbox)</b>	Check the box (if applicable): Indicates the effective time of the policy status is 12:00 pm or later.
<b>SECTIONS ATTACHED</b>	<b>Accounts Receivable/Valuable Papers (checkbox)</b>	Check the box (if applicable): Indicates the Accounts Receivable Valuable Papers section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Accounts Receivable/Valuable Papers Premium</b>	Enter amount: The premium amount for the Accounts Receivable line of business.
<b>SECTIONS ATTACHED</b>	<b>Boiler &amp; Machinery (checkbox)</b>	Check the box (if applicable): Indicates the Boiler And Machinery section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Boiler &amp; Machinery Premium</b>	Enter amount: The premium amount for the Boiler And Machinery line of business.
<b>SECTIONS ATTACHED</b>	<b>Business Auto (checkbox)</b>	Check the box (if applicable): Indicates the Business Auto section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Business Auto Premium</b>	Enter amount: The premium amount for the Commercial Vehicle (Business Auto) line of business.
<b>SECTIONS ATTACHED</b>	<b>Business Owners (checkbox)</b>	Check the box (if applicable): Indicates the type of policy is business owners.
<b>SECTIONS ATTACHED</b>	<b>Business Owners Premium</b>	Enter amount: The premium amount for the business owners (BOP) line of business.
<b>SECTIONS ATTACHED</b>	<b>Commercial General Liability (checkbox)</b>	Check the box (if applicable): Indicates the Commercial General Liability section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Commercial General Liability Premium</b>	Enter amount: The total premium amount for the commercial general liability line of business.
<b>SECTIONS ATTACHED</b>	<b>Crime / Miscellaneous Crime (checkbox)</b>	Check the box (if applicable): Indicates the Crime or Miscellaneous Crime section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Crime / Miscellaneous Crime Premium</b>	Enter amount: The premium amount for the Crime line of business.
<b>SECTIONS ATTACHED</b>	<b>Dealers (checkbox)</b>	Check the box (if applicable): Indicates the Dealers section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Dealers Premium</b>	Enter amount: The premium amount for the Dealers line of business.
<b>SECTIONS ATTACHED</b>	<b>Electronic Data Processing (checkbox)</b>	Check the box (if applicable): Indicates the Electronic Data Processing section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Electronic Data Processing Premium</b>	Enter amount: The premium amount for the Electronic Data Processing (EDP) line of business.
<b>SECTIONS ATTACHED</b>	<b>Equipment Floater (checkbox)</b>	Check the box (if applicable): Indicates the Equipment Floater section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Equipment Floater Premium</b>	Enter amount: The premium amount for the Equipment Floater line of business.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>SECTIONS ATTACHED</b>	<b>Garage &amp; Dealers (checkbox)</b>	Check the box (if applicable): Indicates the Garage and Dealers section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Garage &amp; Dealers Premium</b>	Enter amount: The premium amount for the Garage and Dealers line of business.
<b>SECTIONS ATTACHED</b>	<b>Glass &amp; Sign (checkbox)</b>	Check the box (if applicable): Indicates the Glass and Sign section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Glass &amp; Sign Premium</b>	Enter amount: The premium amount for the Glass and Sign line of business.
<b>SECTIONS ATTACHED</b>	<b>Installation / Builders Risk (checkbox)</b>	Check the box (if applicable): Indicates the Installation - Builders Risk section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Installation / Builders Risk Premium</b>	Enter amount: The premium amount for the Installation / Builders' Risk line of business.
<b>SECTIONS ATTACHED</b>	<b>Open Cargo (checkbox)</b>	Check the box (if applicable): Indicates the Open Cargo section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Open Cargo Premium</b>	Enter amount: The premium amount for the Open Cargo line of business.
<b>SECTIONS ATTACHED</b>	<b>Property (checkbox)</b>	Check the box (if applicable): Indicates the Property section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Property Premium</b>	Enter amount: The premium amount for the Commercial Property line of business.
<b>SECTIONS ATTACHED</b>	<b>Transportation / Motor Truck Cargo (checkbox)</b>	Check the box (if applicable): Indicates the Transportation - Motor Truck Cargo section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Transportation / Motor Truck Cargo Premium</b>	Enter amount: The premium amount for the Transportation / Motor Truck Cargo line of business.
<b>SECTIONS ATTACHED</b>	<b>Truckers / Motor Carriers (checkbox)</b>	Check the box (if applicable): Indicates the Truckers - Motor Carrier section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Truckers / Motor Carriers Premium</b>	Enter amount: The premium amount for the Truckers line of business.
<b>SECTIONS ATTACHED</b>	<b>Umbrella (checkbox)</b>	Check the box (if applicable): Indicates the Umbrella section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Umbrella Premium</b>	Enter amount: The premium amount for the Commercial Umbrella line of business.
<b>SECTIONS ATTACHED</b>	<b>Yacht (checkbox)</b>	Check the box (if applicable): Indicates the Yacht section is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Yacht Premium</b>	Enter amount: The premium amount for the Yacht line of business.
<b>SECTIONS ATTACHED</b>	<b>Other (checkbox)</b>	Check the box (if applicable): Indicates that a section that is not listed specifically on the form is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Other Description</b>	Enter text: The type of section being attached to the policy.
<b>SECTIONS ATTACHED</b>	<b>Other Premium</b>	Enter amount: The premium amount the for the section / line of business.
<b>SECTIONS ATTACHED</b>	<b>Other (checkbox)</b>	Check the box (if applicable): Indicates that a section that is not listed specifically on the form is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Other Description</b>	Enter text: The type of section being attached to the policy.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>SECTIONS ATTACHED</b>	<b>Other Premium</b>	Enter amount: The premium amount the for the section / line of business.
<b>SECTIONS ATTACHED</b>	<b>Other (checkbox)</b>	Check the box (if applicable): Indicates that a section that is not listed specifically on the form is attached to this policy.
<b>SECTIONS ATTACHED</b>	<b>Other Description</b>	Enter text: The type of section being attached to the policy.
<b>SECTIONS ATTACHED</b>	<b>Other Premium</b>	Enter amount: The premium amount the for the section / line of business.
<b>ATTACHMENTS</b>	<b>Additional Interest (checkbox)</b>	Check the box (if applicable): Indicates an ACORD 45, Additional Interests Schedule is attached.
<b>ATTACHMENTS</b>	<b>Additional Premises (checkbox)</b>	Check the box (if applicable): Indicates an additional premises schedule is attached.
<b>ATTACHMENTS</b>	<b>Apartment Building Supplement (checkbox)</b>	Check the box (if applicable): Indicates an apartment building supplement is attached.
<b>ATTACHMENTS</b>	<b>Condo Association By Laws (For D&amp;O Cov Only) (checkbox)</b>	Check the box (if applicable): Indicates the condominium association by laws are attached.
<b>ATTACHMENTS</b>	<b>Contractors Supplement (checkbox)</b>	Check the box (if applicable): Indicates the contractors supplement is attached.
<b>ATTACHMENTS</b>	<b>Coverages Schedule (checkbox)</b>	Check the box (if applicable): Indicates a coverages schedule is attached.
<b>ATTACHMENTS</b>	<b>Driver Information Schedule (checkbox)</b>	Check the box (if applicable): Indicates the Driver Information Schedule section is attached to this policy.
<b>ATTACHMENTS</b>	<b>International Liability Exposure Supplement (checkbox)</b>	Check the box (if applicable): Indicates an international liability exposure supplement is attached.
<b>ATTACHMENTS</b>	<b>International Property Exposure Supplement (checkbox)</b>	Check the box (if applicable): Indicates an international property exposure supplement is attached.
<b>ATTACHMENTS</b>	<b>Loss Summary (checkbox)</b>	Check the box (if applicable): Indicates that a loss summary report is attached to the policy.
<b>ATTACHMENTS</b>	<b>Premium Payment Supplement (checkbox)</b>	Check the box (if applicable): Indicates a premium payment supplement is attached.
<b>ATTACHMENTS</b>	<b>Professional Liability Supplement (checkbox)</b>	Check the box (if applicable): Indicates a professional liability supplement is attached.
<b>ATTACHMENTS</b>	<b>Restaurant / Tavern Supplement (checkbox)</b>	Check the box (if applicable): Indicates a restaurant / tavern supplement is attached.
<b>ATTACHMENTS</b>	<b>Statement / Schedule of Values (checkbox)</b>	Check the box (if applicable): Indicates a statement / schedule of values is attached.
<b>ATTACHMENTS</b>	<b>State Supplement (if applicable) (checkbox)</b>	Check the box (if applicable): Indicates that a state supplement is attached to the policy.
<b>ATTACHMENTS</b>	<b>Vacant Building Supplement (checkbox)</b>	Check the box (if applicable): Indicates a vacant building supplement is attached.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>ATTACHMENTS</b>	<b>Vehicle Schedule (checkbox)</b>	Check the box (if applicable): Indicates the Vehicle Schedule section is attached to this policy.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.
<b>ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
<b>ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the type of other attachment.

Section Name	Field Name	Field and/or Section Description
ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
ATTACHMENTS	Other Description	Enter text: The description of the type of other attachment.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
ATTACHMENTS	Other Description	Enter text: The description of the type of other attachment.
POLICY INFORMATION	Proposed Eff. Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. As used here, this is the proposed effective date.
POLICY INFORMATION	Proposed Exp. Date	Enter date: The date on which the terms and conditions of the policy will expire. As used here, this is the proposed expiration date.
POLICY INFORMATION	Direct Bill (checkbox)	Check the box (if applicable): Indicates if the policy is to be direct billed.
POLICY INFORMATION	Agency Bill (checkbox)	Check the box (if applicable): Indicates if the policy is to be producer/agency billed.
POLICY INFORMATION	Payment Plan	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
POLICY INFORMATION	Method of Payment	Enter text: The method the invoice will be paid.
POLICY INFORMATION	Audit	Enter code: The audit term for policies that are subject to periodic audit. If the audit period is known, enter the code; A - annual, S - semi-annual, Q - Quarterly, M - Monthly, O - Other.
POLICY INFORMATION	Deposit	Enter amount: The amount of the premium received as a deposit.
POLICY INFORMATION	Minimum Premium	Enter amount: The minimum premium amount for the policy.
POLICY INFORMATION	Policy Premium	Enter amount: The estimated total cost amount of the policy.
APPLICANT INFORMATION	Name (First Named Insured) & Mailing Address (Including Zip+4)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
APPLICANT INFORMATION	Mailing Address	Enter text: The named insured's mailing address line one.
APPLICANT INFORMATION		Enter text: The named insured's mailing address line two.
APPLICANT INFORMATION		Enter text: The named insured's mailing address city name.
APPLICANT INFORMATION		Enter code: The named insured's mailing address state or province code.
APPLICANT INFORMATION		Enter code: The named insured's mailing address postal code.

Section Name	Field Name	Field and/or Section Description
POLICY INFORMATION	GL Code	Enter code: The code identifying the general liability nature of business for the insured. The source of this code list is the Insurance Services Office Commercial Lines Manual (CLM) or individual insurer rate manuals.
POLICY INFORMATION	SIC Code	Enter code: The Standard Industry Classification code assigned to the business activity (if known). This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.
POLICY INFORMATION	NAICS Code	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the business activity (if known).
APPLICANT INFORMATION	FEIN or Social Security Number	Enter identifier: The tax identifier of the named insured.
APPLICANT INFORMATION	Business Phone Number	Enter number: The named insured's primary phone number.
APPLICANT INFORMATION	Website Address	Enter text: The primary website address for the named insured.
APPLICANT INFORMATION	Corporation (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
APPLICANT INFORMATION	Individual (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Individual".
APPLICANT INFORMATION	Joint Venture (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".
APPLICANT INFORMATION	LLC (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Limited Liability Corporation".
APPLICANT INFORMATION	No. of Members and Managers	Enter number: The number of members and managers for a limited liability corporation.
APPLICANT INFORMATION	Not For Profit Organization (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Not For Profit Organization".
APPLICANT INFORMATION	Partnership (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
APPLICANT INFORMATION	Subchapter "S" Corporation (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Subchapter S Corporation".
APPLICANT INFORMATION	Trust	Check the box (if applicable): Indicates the legal entity code for the named insured is "Trust".
APPLICANT INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.

Section Name	Field Name	Field and/or Section Description
APPLICANT INFORMATION	Other Description	Enter text: The description of the legal entity if not listed on the form.
APPLICANT INFORMATION	Name (Other Named Insured) & Mailing Address (Including Zip+4)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
APPLICANT INFORMATION	Mailing Address	Enter text: The named insured's mailing address line one.
APPLICANT INFORMATION		Enter text: The named insured's mailing address line two.
APPLICANT INFORMATION		Enter text: The named insured's mailing address city name.
APPLICANT INFORMATION		Enter code: The named insured's mailing address state or province code.
APPLICANT INFORMATION		Enter code: The named insured's mailing address postal code.
POLICY INFORMATION	GL Code	Enter code: The code identifying the general liability nature of business for the insured. The source of this code list is the Insurance Services Office Commercial Lines Manual (CLM) or individual insurer rate manuals.
POLICY INFORMATION	SIC Code	Enter code: The Standard Industry Classification code assigned to the business activity (if known). This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.
POLICY INFORMATION	NAICS Code	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the business activity (if known).
APPLICANT INFORMATION	FEIN or Social Security Number	Enter identifier: The tax identifier of the named insured.
APPLICANT INFORMATION	Business Phone Number	Enter number: The named insured's primary phone number.
APPLICANT INFORMATION	Website Address(es)	Enter text: The primary website address for the named insured.
APPLICANT INFORMATION	Corporation (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
APPLICANT INFORMATION	Individual (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Individual".
APPLICANT INFORMATION	Joint Venture (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".

Section Name	Field Name	Field and/or Section Description
APPLICANT INFORMATION	LLC (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Limited Liability Corporation".
APPLICANT INFORMATION	No. of Members and Managers	Enter number: The number of members and managers for a limited liability corporation.
APPLICANT INFORMATION	Not For Profit Organization (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Not For Profit Organization".
APPLICANT INFORMATION	Partnership (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
APPLICANT INFORMATION	Subchapter "S" Corporation (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Subchapter S Corporation".
APPLICANT INFORMATION	Trust	Check the box (if applicable): Indicates the legal entity code for the named insured is "Trust".
APPLICANT INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.
APPLICANT INFORMATION	Other Description	Enter text: The description of the legal entity if not listed on the form.
APPLICANT INFORMATION	Name (Other Named Insured) & Mailing Address (Including Zip+4)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
APPLICANT INFORMATION	Mailing Address	Enter text: The named insured's mailing address line one.
APPLICANT INFORMATION		Enter text: The named insured's mailing address line two.
APPLICANT INFORMATION		Enter text: The named insured's mailing address city name.
APPLICANT INFORMATION		Enter code: The named insured's mailing address state or province code.
APPLICANT INFORMATION		Enter code: The named insured's mailing address postal code.
POLICY INFORMATION	GL Code	Enter code: The code identifying the general liability nature of business for the insured. The source of this code list is the Insurance Services Office Commercial Lines Manual (CLM) or individual insurer rate manuals.
POLICY INFORMATION	SIC Code	Enter code: The Standard Industry Classification code assigned to the business activity (if known). This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>POLICY INFORMATION</b>	<b>NAICS Code</b>	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the business activity (if known).
<b>APPLICANT INFORMATION</b>	<b>FEIN or Social Security Number</b>	Enter identifier: The tax identifier of the named insured.
<b>APPLICANT INFORMATION</b>	<b>Business Phone Number</b>	Enter number: The named insured's primary phone number.
<b>APPLICANT INFORMATION</b>	<b>Website Address(es)</b>	Enter text: The primary website address for the named insured.
<b>APPLICANT INFORMATION</b>	<b>Corporation (checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
<b>APPLICANT INFORMATION</b>	<b>Individual (checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Individual".
<b>APPLICANT INFORMATION</b>	<b>Joint Venture (checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".
<b>APPLICANT INFORMATION</b>	<b>LLC (checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Limited Liability Corporation".
<b>APPLICANT INFORMATION</b>	<b>No. of Members and Managers</b>	Enter number: The number of members and managers for a limited liability corporation.
<b>APPLICANT INFORMATION</b>	<b>Not For Profit Organization (checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Not For Profit Organization".
<b>APPLICANT INFORMATION</b>	<b>Partnership (checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
<b>APPLICANT INFORMATION</b>	<b>Subchapter "S" Corporation (checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Subchapter S Corporation".
<b>APPLICANT INFORMATION</b>	<b>Trust</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Trust".
<b>APPLICANT INFORMATION</b>	<b>Other (checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.
<b>APPLICANT INFORMATION</b>	<b>Other Description</b>	Enter text: The description of the legal entity if not listed on the form.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>CONTACT INFORMATION</b>	<b>Contact Type</b>	Enter text: The type of contact being described (e.g. accounting, claims, etc.).
<b>CONTACT INFORMATION</b>	<b>Contact Name</b>	Enter text: The full name of the contact.
<b>CONTACT INFORMATION</b>	<b>Primary Phone Number</b>	Enter number: The primary phone number of the contact.

Section Name	Field Name	Field and/or Section Description
CONTACT INFORMATION	Home	Check the box (if applicable): Indicates the contact's primary phone is a home phone.
CONTACT INFORMATION	Business	Check the box (if applicable): Indicates the contact's primary phone is a business phone.
CONTACT INFORMATION	Cell	Check the box (if applicable): Indicates the contact's primary phone is a cell phone.
CONTACT INFORMATION	Secondary Phone Number	Enter number: The contact's secondary phone number.
CONTACT INFORMATION	Home	Check the box (if applicable): Indicates the contact's secondary phone number is a home phone.
CONTACT INFORMATION	Business	Check the box (if applicable): Indicates the contact's secondary phone number is a business phone.
CONTACT INFORMATION	Cell	Check the box (if applicable): Indicates the contact's secondary phone number is a cell phone.
CONTACT INFORMATION	Primary E-Mail Address	Enter text: The contact's primary e-mail address.
CONTACT INFORMATION	Secondary E-Mail Address	Enter text: The contact's secondary e-mail address.
CONTACT INFORMATION	Contact Type	Enter text: The type of contact being described (e.g. accounting, claims, etc.).
CONTACT INFORMATION	Contact Name	Enter text: The full name of the contact.
CONTACT INFORMATION	Primary Phone Number	Enter number: The primary phone number of the contact.
CONTACT INFORMATION	Home	Check the box (if applicable): Indicates the contact's primary phone is a home phone.
CONTACT INFORMATION	Business	Check the box (if applicable): Indicates the contact's primary phone is a business phone.
CONTACT INFORMATION	Cell	Check the box (if applicable): Indicates the contact's primary phone is a cell phone.
CONTACT INFORMATION	Secondary Phone Number	Enter number: The contact's secondary phone number.
CONTACT INFORMATION	Home	Check the box (if applicable): Indicates the contact's secondary phone number is a home phone.
CONTACT INFORMATION	Business	Check the box (if applicable): Indicates the contact's secondary phone number is a business phone.
CONTACT INFORMATION	Cell	Check the box (if applicable): Indicates the contact's secondary phone number is a cell phone.
CONTACT INFORMATION	Primary E-Mail Address	Enter text: The contact's primary e-mail address.
CONTACT INFORMATION	Secondary E-Mail Address	Enter text: The contact's secondary e-mail address.
PREMISES INFORMATION	Loc #	Enter number: The location number for the premises.
PREMISES INFORMATION	Bld #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES INFORMATION	Street	Enter text: The first address line of the commercial structure.
PREMISES INFORMATION		Enter text: The second address line of the commercial structure.

Section Name	Field Name	Field and/or Section Description
PREMISES INFORMATION	City	Enter text: The city of the commercial structure.
PREMISES INFORMATION	County	Enter text: The county of the commercial structure.
PREMISES INFORMATION	State	Enter code: The state of the commercial structure.
PREMISES INFORMATION	Zip	Enter code: The postal code of the commercial structure.
PREMISES INFORMATION	City Limits Inside (checkbox)	Check the box (if applicable): Indicates if the building is within the city limits.
PREMISES INFORMATION	City Limits Outside (checkbox)	Check the box (if applicable): Indicates if the building is outside the city limits.
PREMISES INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates if the building is not inside or outside city limits. For example, unincorporated.
PREMISES INFORMATION	Other Description	Enter text: The description of the risk location if not inside or outside the city limits.
PREMISES INFORMATION	Interest Owner (checkbox)	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
PREMISES INFORMATION	Interest Tenant (checkbox)	Check the box (if applicable): Indicates the named insured's interest is the building is as its tenant.
PREMISES INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates the named insured's interest is the building is other than as its owner or tenant.
PREMISES INFORMATION	Other Description	Enter text: The description of the insured's interest is the building when it is other than as its owner or tenant.
PREMISES INFORMATION	# Full Time Employees	Enter number: The number of full time employees.
PREMISES INFORMATION	# Part Time Employees	Enter number: The number of part time employees.
PREMISES INFORMATION	Annual Revenues	Enter amount: The annual revenue amount for this location.
PREMISES INFORMATION	Occupied Area	Enter number: The area, in square feet, of the building the named insured occupies.
PREMISES INFORMATION	Open to Public Area	Enter number: The area, in square feet, of the building that is open to the public.
PREMISES INFORMATION	Total Building Area	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PREMISES INFORMATION	Description of Operations	Enter text: The description of what business each applicant performs and the way it is conducted by premises. Operations which may not be apparent in a general description of operations may be segmented by location (e.g., location #1 is a sales office in Paris, France, location #2 is a warehouse in Berlin, Germany). Include number of leased and owned premises outside of the United States. The section should be completed in enough detail to enable the underwriter to understand and classify each operation. Do not use the classification wording from the Commercial Lines Manual or Workers Compensation Manual. They do not provide adequate detail. Example: a manufacturer of pulley wheels used in sewing machines should be described as such and not as "Metal Goods Mfg. N.O.C.".
PREMISES INFORMATION	Any area leased to others?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any area leased in building?".

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
PREMISES INFORMATION	Loc #	Enter number: The location number for the premises.
PREMISES INFORMATION	Bld #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES INFORMATION	Street	Enter text: The first address line of the commercial structure.
PREMISES INFORMATION		Enter text: The second address line of the commercial structure.
PREMISES INFORMATION	City	Enter text: The city of the commercial structure.
PREMISES INFORMATION	County	Enter text: The county of the commercial structure.
PREMISES INFORMATION	State	Enter code: The state of the commercial structure.
PREMISES INFORMATION	Zip	Enter code: The postal code of the commercial structure.
PREMISES INFORMATION	City Limits Inside (checkbox)	Check the box (if applicable): Indicates if the building is within the city limits.
PREMISES INFORMATION	City Limits Outside (checkbox)	Check the box (if applicable): Indicates if the building is outside the city limits.
PREMISES INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates if the building is not inside or outside city limits. For example, unincorporated.
PREMISES INFORMATION	Other Description	Enter text: The description of the risk location if not inside or outside the city limits.
PREMISES INFORMATION	Interest Owner (checkbox)	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
PREMISES INFORMATION	Interest Tenant (checkbox)	Check the box (if applicable): Indicates the named insured's interest is the building is as its tenant.
PREMISES INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates the named insured's interest is the building is other than as its owner or tenant.
PREMISES INFORMATION	Other Description	Enter text: The description of the insured's interest is the building when it is other than as its owner or tenant.
PREMISES INFORMATION	# Full Time Employees	Enter number: The number of full time employees.
PREMISES INFORMATION	# Part Time Employees	Enter number: The number of part time employees.
PREMISES INFORMATION	Annual Revenues	Enter amount: The annual revenue amount for this location.
PREMISES INFORMATION	Occupied Area	Enter number: The area, in square feet, of the building the named insured occupies.
PREMISES INFORMATION	Open to Public Area	Enter number: The area, in square feet, of the building that is open to the public.
PREMISES INFORMATION	Total Building Area	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.

Section Name	Field Name	Field and/or Section Description
		Enter text: The description of what business each applicant performs and the way it is conducted by premises. Operations which may not be apparent in a general description of operations may be segmented by location (e.g., location #1 is a sales office in Paris, France, location #2 is a warehouse in Berlin, Germany). Include number of leased and owned premises outside of the United States. The section should be completed in enough detail to enable the underwriter to understand and classify each operation. Do not use the classification wording from the Commercial Lines Manual or Workers Compensation Manual. They do not provide adequate detail. Example: a manufacturer of pulley wheels used in sewing machines should be described as such and not as "Metal Goods Mfg. N.O.C."
<b>PREMISES INFORMATION</b>	<b>Description of Operations</b>	
<b>PREMISES INFORMATION</b>	<b>Any area leased to others?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any area leased in building?"
<b>PREMISES INFORMATION</b>	<b>Loc #</b>	Enter number: The location number for the premises.
<b>PREMISES INFORMATION</b>	<b>Bld #</b>	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
<b>PREMISES INFORMATION</b>	<b>Street</b>	Enter text: The first address line of the commercial structure.
<b>PREMISES INFORMATION</b>		Enter text: The second address line of the commercial structure.
<b>PREMISES INFORMATION</b>	<b>City</b>	Enter text: The city of the commercial structure.
<b>PREMISES INFORMATION</b>	<b>County</b>	Enter text: The county of the commercial structure.
<b>PREMISES INFORMATION</b>	<b>State</b>	Enter code: The state of the commercial structure.
<b>PREMISES INFORMATION</b>	<b>Zip</b>	Enter code: The postal code of the commercial structure.
<b>PREMISES INFORMATION</b>	<b>City Limits Inside (checkbox)</b>	Check the box (if applicable): Indicates if the building is within the city limits.
<b>PREMISES INFORMATION</b>	<b>City Limits Outside (checkbox)</b>	Check the box (if applicable): Indicates if the building is outside the city limits.
<b>PREMISES INFORMATION</b>	<b>Other (checkbox)</b>	Check the box (if applicable): Indicates if the building is not inside or outside city limits. For example, unincorporated.
<b>PREMISES INFORMATION</b>	<b>Other Description</b>	Enter text: The description of the risk location if not inside or outside the city limits.
<b>PREMISES INFORMATION</b>	<b>Interest Owner (checkbox)</b>	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
<b>PREMISES INFORMATION</b>	<b>Interest Tenant (checkbox)</b>	Check the box (if applicable): Indicates the named insured's interest in the building is as its tenant.
<b>PREMISES INFORMATION</b>	<b>Other (checkbox)</b>	Check the box (if applicable): Indicates the named insured's interest in the building is other than as its owner or tenant.
<b>PREMISES INFORMATION</b>	<b>Other Description</b>	Enter text: The description of the insured's interest in the building when it is other than as its owner or tenant.
<b>PREMISES INFORMATION</b>	<b># Full Time Employees</b>	Enter number: The number of full time employees.
<b>PREMISES INFORMATION</b>	<b># Part Time Employees</b>	Enter number: The number of part time employees.

Section Name	Field Name	Field and/or Section Description
PREMISES INFORMATION	Annual Revenues	Enter amount: The annual revenue amount for this location.
PREMISES INFORMATION	Occupied Area	Enter number: The area, in square feet, of the building the named insured occupies.
PREMISES INFORMATION	Open to Public Area	Enter number: The area, in square feet, of the building that is open to the public.
PREMISES INFORMATION	Total Building Area	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PREMISES INFORMATION	Description of Operations	Enter text: The description of what business each applicant performs and the way it is conducted by premises. Operations which may not be apparent in a general description of operations may be segmented by location (e.g., location #1 is a sales office in Paris, France, location #2 is a warehouse in Berlin, Germany). Include number of leased and owned premises outside of the United States. The section should be completed in enough detail to enable the underwriter to understand and classify each operation. Do not use the classification wording from the Commercial Lines Manual or Workers Compensation Manual. They do not provide adequate detail. Example: a manufacturer of pulley wheels used in sewing machines should be described as such and not as "Metal Goods Mfg. N.O.C.".
PREMISES INFORMATION	Any area leased to others?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any area leased in building?".
PREMISES INFORMATION	Loc #	Enter number: The location number for the premises.
PREMISES INFORMATION	Bld #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES INFORMATION	Street	Enter text: The first address line of the commercial structure.
PREMISES INFORMATION		Enter text: The second address line of the commercial structure.
PREMISES INFORMATION	City	Enter text: The city of the commercial structure.
PREMISES INFORMATION	County	Enter text: The county of the commercial structure.
PREMISES INFORMATION	State	Enter code: The state of the commercial structure.
PREMISES INFORMATION	Zip	Enter code: The postal code of the commercial structure.
PREMISES INFORMATION	City Limits Inside (checkbox)	Check the box (if applicable): Indicates if the building is within the city limits.
PREMISES INFORMATION	City Limits Outside (checkbox)	Check the box (if applicable): Indicates if the building is outside the city limits.
PREMISES INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates if the building is not inside or outside city limits. For example, unincorporated.
PREMISES INFORMATION	Other Description	Enter text: The description of the risk location if not inside or outside the city limits.
PREMISES INFORMATION	Interest Owner (checkbox)	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
PREMISES INFORMATION	Interest Tenant (checkbox)	Check the box (if applicable): Indicates the named insured's interest in the building is as its tenant.

Section Name	Field Name	Field and/or Section Description
PREMISES INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates the named insured's interest in the building is other than as its owner or tenant.
PREMISES INFORMATION	Other Description	Enter text: The description of the insured's interest in the building when it is other than as its owner or tenant.
PREMISES INFORMATION	# Full Time Employees	Enter number: The number of full time employees.
PREMISES INFORMATION	# Part Time Employees	Enter number: The number of part time employees.
PREMISES INFORMATION	Annual Revenues	Enter amount: The annual revenue amount for this location.
PREMISES INFORMATION	Occupied Area	Enter number: The area, in square feet, of the building the named insured occupies.
PREMISES INFORMATION	Open to Public Area	Enter number: The area, in square feet, of the building that is open to the public.
PREMISES INFORMATION	Total Building Area	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PREMISES INFORMATION	Description of Operations	Enter text: The description of what business each applicant performs and the way it is conducted by premises. Operations which may not be apparent in a general description of operations may be segmented by location (e.g., location #1 is a sales office in Paris, France, location #2 is a warehouse in Berlin, Germany). Include number of leased and owned premises outside of the United States. The section should be completed in enough detail to enable the underwriter to understand and classify each operation. Do not use the classification wording from the Commercial Lines Manual or Workers Compensation Manual. They do not provide adequate detail. Example: a manufacturer of pulley wheels used in sewing machines should be described as such and not as "Metal Goods Mfg. N.O.C.".
PREMISES INFORMATION	Any area leased to others?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any area leased in building?".
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Apartments	Check the box (if applicable): Indicates the nature of business is apartments.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Condominiums	Check the box (if applicable): Indicates the nature of business is condominiums.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Contractor	Check the box (if applicable): Indicates the nature of business is a contractor.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Institutional	Check the box (if applicable): Indicates the nature of business is institutional.

Section Name	Field Name	Field and/or Section Description
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Manufacturing	Check the box (if applicable): Indicates the nature of business is manufacturing.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Office	Check the box (if applicable): Indicates the nature of business is an office.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Restaurant	Check the box (if applicable): Indicates the nature of business is a restaurant.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Retail	Check the box (if applicable): Indicates the nature of business is retail.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Service	Check the box (if applicable): Indicates the nature of business is service.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Wholesale	Check the box (if applicable): Indicates the nature of business is wholesale.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Other	Check the box (if applicable): Indicates the nature of business is other than those listed.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Other Description	Enter text: The description of the nature/type of business.
APPLICANT INFORMATION	Date Business Started	Enter date: The date the applicant began in business. This is important because it helps the underwriter determine the expertise and business success of the applicant.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Description Primary Of Operations	Enter text: The text description of the operations of this risk or insured. As used here, this is the primary description of operations.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Installation, Service or Repair Work Percent	Enter percentage: The percentage of total sales of a retail store attributed to installation, service or repair work.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Off Premises Installation, Service or Repair Work Percent	Enter percentage: The percentage of total sales of a retail store attributed to installation, service or repair work completed off premises.

Section Name	Field Name	Field and/or Section Description
<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS</b>	<b>Description of Operations of Other Named Insureds</b>	Enter text: The text description of the operations of this risk or insured. As used here, this is the description of operations for other named insureds.
<b>ADDITIONAL INTEREST</b>	<b>Interest Additional Insured</b>	Check the box (if applicable): Indicates the additional interest type is an additional insured.
<b>ADDITIONAL INTEREST</b>	<b>Breach of Warranty</b>	Check the box (if applicable): Indicates the additional interest type is a breach of warranty.
<b>ADDITIONAL INTEREST</b>	<b>Co-Owner</b>	Check the box (if applicable): Indicates the additional interest type is a co-owner.
<b>ADDITIONAL INTEREST</b>	<b>Employee As Lessor</b>	Check the box (if applicable): Indicates the additional interest type is an employee as lessor.
<b>ADDITIONAL INTEREST</b>	<b>Leaseback Owner</b>	Check the box (if applicable): Indicates the additional interest type is a leaseback owner.
<b>ADDITIONAL INTEREST</b>	<b>Lienholder</b>	Check the box (if applicable): Indicates the additional interest type is a lien holder.
<b>ADDITIONAL INTEREST</b>	<b>Loss Payee</b>	Check the box (if applicable): Indicates the additional interest type is a loss payee.
<b>ADDITIONAL INTEREST</b>	<b>Mortgagee</b>	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
<b>ADDITIONAL INTEREST</b>	<b>Owner</b>	Check the box (if applicable): Indicates the additional interest type is an owner.
<b>ADDITIONAL INTEREST</b>	<b>Registrant</b>	Check the box (if applicable): Indicates the additional interest type is a registrant.
<b>ADDITIONAL INTEREST</b>	<b>Trustee</b>	Check the box (if applicable): Indicates the additional interest type is a trustee.
<b>ADDITIONAL INTEREST</b>	<b>Other</b>	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
<b>ADDITIONAL INTEREST</b>	<b>Other Description</b>	Enter text: The description of the type of interest in the item.
<b>ADDITIONAL INTEREST</b>	<b>Reason for Interest</b>	Enter text: The description for the interest in the item.
<b>ADDITIONAL INTEREST</b>	<b>Rank:</b>	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
<b>ADDITIONAL INTEREST</b>	<b>Evidence - Certificate</b>	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
<b>ADDITIONAL INTEREST</b>	<b>Evidence - Policy</b>	Check the box (if applicable): Indicates the additional interest requires a copy of the policy.
<b>ADDITIONAL INTEREST</b>	<b>Evidence - Send Bill</b>	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Name And Address</b>	Enter text: The additional interest's full name.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address line one.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address line two.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address city name.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's mailing address state or province code.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's mailing address postal code.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST		Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Reference / Loan Number	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Interest End Date	Enter date: The date the interest holder's interest terminates.
ADDITIONAL INTEREST	Lien Amount	Enter amount: The amount of the loan.
ADDITIONAL INTEREST	Phone Number	Enter number: The primary phone number of the additional interest.
ADDITIONAL INTEREST	Fax Number	Enter number: The primary fax number of the additional interest.
ADDITIONAL INTEREST	E-Mail Address	Enter text: The primary e-mail address for the additional interest.
ADDITIONAL INTEREST	Location:	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Building:	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	Vehicle:	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Boat:	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Airport:	Enter identifier: The Federal Aviation Administration's designator for the airport (e.g. ORD - O'Hare International Airport).
ADDITIONAL INTEREST	Aircraft:	Enter number: The producer assigned number of the aircraft which has an additional interest.
ADDITIONAL INTEREST	Item Class	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description:	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
GENERAL INFORMATION	Is the applicant a subsidiary of another entity?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is this company a subsidiary of another entity?".
GENERAL INFORMATION	Parent Company Name	Enter text: The name of the parent organization.
GENERAL INFORMATION	Relationship Description	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	% Owned	Enter percentage: The percent of ownership by the parent company.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
GENERAL INFORMATION	Does the applicant have any subsidiaries?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have subsidiaries? If yes, explain."
GENERAL INFORMATION	Subsidiary Company Name	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
GENERAL INFORMATION	Relationship Description	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	% Owned	Enter percentage: The percent of ownership by the parent company.
GENERAL INFORMATION	Is a formal safety program in operation?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is a formal safety Program in existence? If yes, explain."
GENERAL INFORMATION	Safety Manual	Check the box (if applicable): Indicates a safety manual is part of the formal safety program.
GENERAL INFORMATION	Safety Position	Check the box (if applicable): Indicates a safety position is part of the formal safety program.
GENERAL INFORMATION	Monthly Meetings	Check the box (if applicable): Indicates monthly meetings are is part of the formal safety program.
GENERAL INFORMATION	OSHA	Check the box (if applicable): Indicates the formal safety program meets OSHA guidelines.
GENERAL INFORMATION	Other	Check the box (if applicable): Indicates there is a formal safety program other than those listed.
GENERAL INFORMATION	Other Description	Enter text: The description of the formal safety program.
GENERAL INFORMATION	Any exposure to flammables, explosives, chemicals?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any exposure to flammables, explosives, chemicals?"
GENERAL INFORMATION	Remarks	Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION	Any other insurance with this company?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any other insurance with this company?"
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter text: The description of the other policy not listed on the form.
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter text: The description of the other policy not listed on the form.
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter text: The description of the other policy not listed on the form.
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter text: The description of the other policy not listed on the form.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Any policy or coverage declined, cancelled or non-renewed during the prior three (3) years for any premises or operation? (Not Applicable in MO)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years?". As used here, not applicable in Missouri.
GENERAL INFORMATION	Non-Payment	Check the box (if applicable): Indicates the policy is being cancelled due to non-payment of premium.
GENERAL INFORMATION	Non-Renewal	Check the box (if applicable): Indicates the policy is being cancelled due to non-renewal.
GENERAL INFORMATION	Agent No Longer Represents Carrier	Check the box (if applicable): Indicates the policy is being cancelled because the agent is no longer writing business for the insurer.
GENERAL INFORMATION	Underwriting	Check the box (if applicable): Indicates the policy is being cancelled due to underwriting reasons.
GENERAL INFORMATION	Condition Corrected	Check the box (if applicable): Indicates the underwriting condition that caused the policy to not be written has been corrected.
GENERAL INFORMATION	Correction Description	Enter text: The description of how the underwriting condition that caused the policy to not be written has been corrected.
GENERAL INFORMATION	Other	Check the box (if applicable): Indicates the policy is being cancelled due to reasons other than those listed.
GENERAL INFORMATION	Other Description	Enter text: The description of why the policy is being cancelled or terminated.
GENERAL INFORMATION	Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION	During the last five years (ten in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the mandated number of years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any other property?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Remarks	Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION	Any uncorrected fire code violations?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any uncorrected fire code violations?".
GENERAL INFORMATION	Occurrence Date	Enter date: The date of occurrence associated with the underwriting question.
GENERAL INFORMATION	Explanation	Enter text: The explanation for the answer to an underwriting question.
GENERAL INFORMATION	Resolution	Enter text: The resolution associated with an underwriting question.
GENERAL INFORMATION	Resolution Date	Enter date: The resolution date associated with an underwriting question.
GENERAL INFORMATION	Occurrence Date	Enter date: The date of occurrence associated with the underwriting question.
GENERAL INFORMATION	Explanation	Enter text: The explanation for the answer to an underwriting question.
GENERAL INFORMATION	Resolution	Enter text: The resolution associated with an underwriting question.
GENERAL INFORMATION	Resolution Date	Enter date: The resolution date associated with an underwriting question.
GENERAL INFORMATION	Has applicant had a foreclosure, repossession, bankruptcy, or filed for bankruptcy during the past five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has applicant had a foreclosure, repossession, bankruptcy, or filed for bankruptcy during the past specified number of years?".
GENERAL INFORMATION	Occurrence Date	Enter date: The date of occurrence associated with the underwriting question.
GENERAL INFORMATION	Explanation	Enter text: The explanation for the answer to an underwriting question.
GENERAL INFORMATION	Resolution	Enter text: The resolution associated with an underwriting question.
GENERAL INFORMATION	Resolution Date	Enter date: The resolution date associated with an underwriting question.
GENERAL INFORMATION	Occurrence Date	Enter date: The date of occurrence associated with the underwriting question.
GENERAL INFORMATION	Explanation	Enter text: The explanation for the answer to an underwriting question.
GENERAL INFORMATION	Resolution	Enter text: The resolution associated with an underwriting question.
GENERAL INFORMATION	Resolution Date	Enter date: The resolution date associated with an underwriting question.
GENERAL INFORMATION	Has applicant had a judgement or lien during the past five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has applicant had a judgment or lien during the past specified number of years?".
GENERAL INFORMATION	Occurrence Date	Enter date: The date of occurrence associated with the underwriting question.
GENERAL INFORMATION	Explanation	Enter text: The explanation for the answer to an underwriting question.
GENERAL INFORMATION	Resolution	Enter text: The resolution associated with an underwriting question.
GENERAL INFORMATION	Resolution Date	Enter date: The resolution date associated with an underwriting question.
GENERAL INFORMATION	Occurrence Date	Enter date: The date of occurrence associated with the underwriting question.
GENERAL INFORMATION	Explanation	Enter text: The explanation for the answer to an underwriting question.
GENERAL INFORMATION	Resolution	Enter text: The resolution associated with an underwriting question.
GENERAL INFORMATION	Resolution Date	Enter date: The resolution date associated with an underwriting question.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>GENERAL INFORMATION</b>	<b>Has business been placed in a trust?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has business been placed in a trust?".
<b>GENERAL INFORMATION</b>	<b>Name of Trust</b>	Enter text: The additional interest's full name. As used here, this is the name of the trust.
<b>GENERAL INFORMATION</b>	<b>Any foreign operations, foreign products distributed in USA, or US products sold / distributed in foreign countries?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any foreign operations, foreign products distributed in USA, or US products sold/distributed in foreign countries?".
<b>GENERAL INFORMATION</b>	<b>Does applicant have other business ventures for which coverage is not requested?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does applicant have other business ventures for which coverage is not requested?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
<b>GENERAL INFORMATION</b>	<b>REMARKS/PROCESSING INSTRUCTIONS</b>	Enter text: The commercial policy general remarks.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>PRIOR CARRIER INFORMATION</b>	<b>Year</b>	Enter year: The year for which you are providing information.
<b>PRIOR CARRIER INFORMATION</b>	<b>Carrier</b>	Enter text: The name of the previous insurer. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Premium</b>	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Effective Date</b>	Enter date: The effective date of the prior policy. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Automobile Liability Carrier</b>	Enter text: The name of the previous insurer. As used here, this applies to the Automobile Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Automobile Liability policy.

Section Name	Field Name	Field and/or Section Description
PRIOR CARRIER INFORMATION	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Automobile Liability policy.
PRIOR CARRIER INFORMATION	Effective Date	Enter date: The effective date of the prior policy. As used here, this applies to the Automobile Liability policy.
PRIOR CARRIER INFORMATION	Expiration Date	Enter date: The expiration date of the previous coverage. As used here, this applies to the Automobile Liability policy.
PRIOR CARRIER INFORMATION	Property Carrier	Enter text: The name of the previous insurer. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Policy Number	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Effective Date	Enter date: The effective date of the prior policy. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Expiration Date	Enter date: The expiration date of the previous coverage. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Other Section	Enter text: The line of business used in the "other" section of prior coverage. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Other Carrier	Enter text: The name of the previous insurer. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Other Policy Number	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Effective Date	Enter date: The effective date of the prior policy. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Expiration Date	Enter date: The expiration date of the previous coverage. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Year	Enter year: The year for which you are providing information.
PRIOR CARRIER INFORMATION	Carrier	Enter text: The name of the previous insurer. As used here, this applies to the Commercial General Liability policy.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>PRIOR CARRIER INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Premium</b>	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Effective Date</b>	Enter date: The effective date of the prior policy. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage. As used here, this applies to the Commercial General Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Carrier</b>	Enter text: The name of the previous insurer. As used here, this applies to the Automobile Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Automobile Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Premium</b>	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Automobile Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Effective Date</b>	Enter date: The effective date of the prior policy. As used here, this applies to the Automobile Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage. As used here, this applies to the Automobile Liability policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Carrier</b>	Enter text: The name of the previous insurer. As used here, this applies to the Property policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Property policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Premium</b>	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Property policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Effective Date</b>	Enter date: The effective date of the prior policy. As used here, this applies to the Property policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage. As used here, this applies to the Property policy.
<b>PRIOR CARRIER INFORMATION</b>	<b>Other Carrier</b>	Enter text: The name of the previous insurer. As used here, this applies to the Other line of business.
<b>PRIOR CARRIER INFORMATION</b>	<b>Other Policy Number</b>	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Other line of business.

Section Name	Field Name	Field and/or Section Description
PRIOR CARRIER INFORMATION	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Effective Date	Enter date: The effective date of the prior policy. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Expiration Date	Enter date: The expiration date of the previous coverage. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Year	Enter year: The year for which you are providing information.
PRIOR CARRIER INFORMATION	Carrier	Enter text: The name of the previous insurer. As used here, this applies to the Commercial General Liability policy.
PRIOR CARRIER INFORMATION	Policy Number	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Commercial General Liability policy.
PRIOR CARRIER INFORMATION	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Commercial General Liability policy.
PRIOR CARRIER INFORMATION	Effective Date	Enter date: The effective date of the prior policy. As used here, this applies to the Commercial General Liability policy.
PRIOR CARRIER INFORMATION	Expiration Date	Enter date: The expiration date of the previous coverage. As used here, this applies to the Commercial General Liability policy.
PRIOR CARRIER INFORMATION	Carrier	Enter text: The name of the previous insurer. As used here, this applies to the Automobile Liability policy.
PRIOR CARRIER INFORMATION	Policy Number	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Automobile Liability policy.
PRIOR CARRIER INFORMATION	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Automobile Liability policy.
PRIOR CARRIER INFORMATION	Effective Date	Enter date: The effective date of the prior policy. As used here, this applies to the Automobile Liability policy.
PRIOR CARRIER INFORMATION	Expiration Date	Enter date: The expiration date of the previous coverage. As used here, this applies to the Automobile Liability policy.
PRIOR CARRIER INFORMATION	Carrier	Enter text: The name of the previous insurer. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Policy Number	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Property policy.

Section Name	Field Name	Field and/or Section Description
PRIOR CARRIER INFORMATION	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Effective Date	Enter date: The effective date of the prior policy. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Expiration Date	Enter date: The expiration date of the previous coverage. As used here, this applies to the Property policy.
PRIOR CARRIER INFORMATION	Other Carrier	Enter text: The name of the previous insurer. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Other Policy Number	Enter identifier: The policy number of the previous coverage. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Effective Date	Enter date: The effective date of the prior policy. As used here, this applies to the Other line of business.
PRIOR CARRIER INFORMATION	Expiration Date	Enter date: The expiration date of the previous coverage. As used here, this applies to the Other line of business.
LOSS HISTORY	Check if None	Check the box (if applicable): Indicates there are no prior losses or occurrences that may give rise to claims for the mandated number of years.
LOSS HISTORY	Losses Last Number of Years	Enter number: The number of years of loss information required by the insurer.
LOSS HISTORY	Total Losses	Enter amount: The amount that has been paid on all losses to date.
LOSS HISTORY	Date Of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Subrogation Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in subrogation. As used here, this is the name of the trust.
LOSS HISTORY	Claim Status Open Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is still open. As used here, this is the name of the trust.

Section Name	Field Name	Field and/or Section Description
LOSS HISTORY	Date Of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
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LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
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LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
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LOSS HISTORY	Date Of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
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LOSS HISTORY	Date Of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
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LOSS HISTORY	Date Of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Subrogation Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in subrogation. As used here, this is the name of the trust.
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LOSS HISTORY	Date Of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
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LOSS HISTORY	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Subrogation Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in subrogation. As used here, this is the name of the trust.
LOSS HISTORY	Claim Status Open Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is still open. As used here, this is the name of the trust.
GENERAL INFORMATION	Notice Of Information Practices	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices has been given to the applicant.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>SIGNATURE SECTION</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.
<b>SIGNATURE SECTION</b>	<b>Producers Name</b>	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
<b>SIGNATURE SECTION</b>	<b>State Producer License Number</b>	Enter identifier: The State License Number of the producer.
<b>SIGNATURE SECTION</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE SECTION</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>SIGNATURE SECTION</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).