

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 140 (2011/10)</b>	<b>Property Section</b>	<p>The title of the form. ACORD 140, Property Section, has been designed to handle the basic underwriting and rating needs for commercial property exposures.</p> <p>The Property Section accommodates two locations, with coverage and rating information recorded separately for each location.</p> <p>This form was designed to be used in conjunction with the Commercial Insurance Application - Applicant Information Section (ACORD 125). Much of the information for the Identification Section should match the data found within the Applicant Information Section of ACORD 125. Nevertheless, it is still important to complete it. Many companies separate the applications by line of business for rating purposes. Not completing this portion of the application makes it difficult to keep track of the full account.</p>
<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>IDENTIFICATION SECTION</b>	<b>Date</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>	<b>Policy Number</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>IDENTIFICATION SECTION</b>	<b>Named Insured(s)</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>PREMISES INFORMATION</b>	<b>Premises #</b>	Enter number: The location number for the premises.
<b>PREMISES INFORMATION</b>	<b>Street Address</b>	Enter text: The first address line of the commercial structure.
<b>PREMISES INFORMATION</b>	<b>Building #</b>	Enter number: The building number for the premises. Used when more than one building exists at an individual location.

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PREMISES INFORMATION	Building Description	Enter text: This describes the particular sublocation in a manner sufficient to distinguish it from other sublocations at a given location. An example might be "3 story blue structure on the left of the main building".
PREMISES INFORMATION	Subject of Insurance	Enter code: The code designating the subject of insurance or premium bearing option.
PREMISES INFORMATION	Amount	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PREMISES INFORMATION	Coins %	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PREMISES INFORMATION	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC..... Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PREMISES INFORMATION	Causes of Loss	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PREMISES INFORMATION	Inflation Guard %	Enter percentage: The inflation guard percentage gives an automatic increase in the amount of coverage based on a percentage over time. List both the percentage amount and the period of time during which it applies (e.g., 4% per year).
PREMISES INFORMATION	Deductible(s)	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PREMISES INFORMATION	Blkt #	Enter number: The identifying number for the blanket under which this subject of insurance is rated. Leave blank if the subject of insurance is not included under a blanket.
PREMISES INFORMATION	Forms and Conditions to Apply	Enter text: The form numbers and special conditions that apply to this subject of insurance. Also indicate here if coverage is blanket or average rated.
PREMISES INFORMATION	Subject of Insurance	Enter code: The code designating the subject of insurance or premium bearing option.

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PREMISES INFORMATION	Additional Information - Business Income/Extra Expense	Check the box (if applicable): Indicates the ACORD 810 Business Income/Extra Expense supplement is attached for this location.
PREMISES INFORMATION	Additional Information -Value Reporting Information	Check the box (if applicable): Indicates the ACORD 811 Value Reporting Information form is attached for this location.
PREMISES INFORMATION	Spoilage Coverage Yes	Enter Y for a "Yes" response. Input N for "No" response. Indicates if spoilage coverage applies.
PREMISES INFORMATION	Description of Property Covered	Enter text: The description of property to be covered for spoilage.
PREMISES INFORMATION	Limit	Enter limit: The limit applicable to the spoilage coverage.
PREMISES INFORMATION	Deductible	Enter deductible: The deductible applicable to the spoilage coverage.
PREMISES INFORMATION	Refrigeration Maintenance Agreement Yes	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a refrigerator maintenance agreement.
PREMISES INFORMATION	Breakdown or Contamination (checkbox)	Check the box (if applicable): Indicates that breakdown or contamination coverage exists.
PREMISES INFORMATION	Power Outage (checkbox)	Check the box (if applicable): Indicates power outage coverage exists.

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PREMISES INFORMATION	Selling Price (checkbox)	Check the box (if applicable): Indicates selling price coverage exists on refrigerant equipment.
PREMISES INFORMATION	Blank (checkbox)	Check the box (if applicable): Indicates other refrigerant equipment coverage exists.
PREMISES INFORMATION	Options Description	Enter text: The description of optional coverages that apply.
PREMISES INFORMATION	Accept Coverage	Check the box (if applicable): Indicates sink hole coverage is requested.
PREMISES INFORMATION	Reject Coverage	Check the box (if applicable): Indicates sink hole coverage is not requested.
PREMISES INFORMATION	Limit	Enter limit: The limit applicable to the sink hole coverage.
PREMISES INFORMATION	Property Has Been Designated an Historical Landmark (checkbox)	Check the box (if applicable): Indicates the property has been designated an historical landmark.
PREMISES INFORMATION	# Of Open Sides on Structure	Enter number: The number of open sides on a structure.
PREMISES INFORMATION	Remarks	Enter text: The remarks associated with a specific location or sublocation.
PREMISES INFORMATION	Construction Type	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
PREMISES INFORMATION	Distance to Hydrant	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
PREMISES INFORMATION	Distance to Fire Station	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
PREMISES INFORMATION	Fire District	Enter text: The property's fire district name.
PREMISES INFORMATION	Code Number	Enter code: The property's fire district code number which can be found in the individual states manual pages.
PREMISES INFORMATION	Prot CI	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PREMISES INFORMATION	# Stories	Enter number: The number of stories for this building not including any basement.
PREMISES INFORMATION	# Basem'ts	Enter number: The number of basements for this building.
PREMISES INFORMATION	Yr Built	Enter year: The year the building at each location was originally constructed. Specify in the Remarks section any significant additions or renovations and the year they were completed.

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PREMISES INFORMATION	Total 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	Building Improvements Wiring	Check the box (if applicable): Indicates if any wiring improvements have been made since the original construction.
PREMISES INFORMATION	Building Improvements Wiring Year	Enter year: The year the wiring improvements took place.
PREMISES INFORMATION	Building Improvements Roofing	Check the box (if applicable): Indicates if any roofing improvements have been made since the original construction.
PREMISES INFORMATION	Building Improvements Roofing Year	Enter year: The year the roofing improvements took place.
PREMISES INFORMATION	Building Improvements Plumbing	Check the box (if applicable): Indicates if any plumbing improvements have been made since the original construction.
PREMISES INFORMATION	Building Improvements Plumbing Year	Enter year: The year the plumbing improvements took place.
PREMISES INFORMATION	Building Improvements Heating	Check the box (if applicable): Indicates if any heating improvements have been made since the original construction.
PREMISES INFORMATION	Building Improvements Heating Year	Enter year: The year the heating improvements took place.
PREMISES INFORMATION	Building Improvements Other	Check the box (if applicable): Indicates if any other improvements have been made since the original construction.
PREMISES INFORMATION	Building Improvements Other Description	Enter text: The description of other improvements that have been made to the structure.
PREMISES INFORMATION	Building Improvements Other Year	Enter year: The year the other improvements took place.
PREMISES INFORMATION	Bldg Code Grade	Enter code: The industry code used to collect the building code effectiveness grade code. The source of this code list is public protection classification or individual insurer rating manuals.
PREMISES INFORMATION	Tax Code	Enter code: The city, county or state tax code, if applicable.
PREMISES INFORMATION	Roof Type	Enter code: The material used to construct the roof. Examples: * Composition (fiberglass, asphalt, etc.) * Metal * Poured * Slate * Tile * Wood Shake/ (pleas this list is not all inclusive)

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PREMISES INFORMATION	Other Occupancies	Enter text: The description of any other occupancies located in the building not operated by the insured and not listed in the Description of Operations section on the ACORD 125. If no other occupancy, enter None.
PREMISES INFORMATION	Wind Class Resistive	Check the box (if applicable): Indicates the wind class is resistive.
PREMISES INFORMATION	Wind Class Semi Resistive	Check the box (if applicable): Indicates the wind class is semi-resistive.
PREMISES INFORMATION	Wind Class Other	Check the box (if applicable): Indicates the wind class is other than those listed.
PREMISES INFORMATION	Wind Class Other	Enter text: The description of the wind class when "other" has been checked.
PREMISES INFORMATION	Heating Source incl Woodburning Stove or Fireplace Insert (checkbox)	Check the box (if applicable): Indicates the presence of a solid fuel heater such as a wood burning stove or fireplace insert.
PREMISES INFORMATION	Date Installed	Enter date: The installation date of the solid fuel heater.
PREMISES INFORMATION	Manufacturer	enter text: The manufacturer of the solid fuel heater.
PREMISES INFORMATION	Primary Heat Boiler (checkbox)	Check the box (if applicable): Indicates if a boiler is the primary heating on the premises.
PREMISES INFORMATION	If Boiler, is insurance placed elsewhere? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the heating boiler is insured elsewhere.
PREMISES INFORMATION	Primary Heat Solid Fuel (checkbox)	Check the box (if applicable): Indicates if solid fuel is the primary heating on the premises.
PREMISES INFORMATION	Primary Heat Other (checkbox)	Check the box (if applicable): Indicates primary heating is other than that listed on the form.
PREMISES INFORMATION	Primary Heat Other Description	Enter text: If applicable, describe the other primary heat source.
PREMISES INFORMATION	Secondary Heat Boiler (checkbox)	Check the box (if applicable): Indicates if a boiler is the secondary heating on the premises.
PREMISES INFORMATION	If Boiler, is insurance placed elsewhere? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the heating boiler is insured elsewhere.
PREMISES INFORMATION	Secondary Heat Solid Fuel (checkbox)	Check the box (if applicable): Indicates if solid fuel is the secondary heating on the premises.
PREMISES INFORMATION	Secondary Heat Other (checkbox)	Check the box (if applicable): Indicates secondary heating in a way not listed on this form.
PREMISES INFORMATION	Secondary Heat Other Description	Enter text: If applicable, describe the other secondary heat source.
PREMISES INFORMATION	Right Exposure/Right Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the right of the insured premises.
PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the right of the insured premises in linear feet.

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PREMISES INFORMATION	Left Exposure/Left Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the left of the insured premises.
PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the left of the insured premises in linear feet.
PREMISES INFORMATION	Front Exposure/Front Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the front of the insured premises.
PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the front of the insured premises in linear feet.
PREMISES INFORMATION	Rear Exposure/Rear Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the rear of the insured premises.
PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the rear of the insured premises in linear feet.
PREMISES INFORMATION	Burglar Alarm Type	Enter text: The description of any burglar alarm protecting the building or contents. Descriptive terms such as safe, premises, perimeter, or ultrasonic may be suitable.
PREMISES INFORMATION	Certificate Number	Enter identifier: The Underwriters Laboratories or other testing organization Certificate Number, if applicable. Attach a copy of the certificate to the application.
PREMISES INFORMATION	Expiration Date	Enter date: The expiration date of the certificate.
PREMISES INFORMATION	Central Station	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
PREMISES INFORMATION	With Keys	Check the box (if applicable): Indicates the alarm company, located off the insured's premises, has keys to the applicant's property.
PREMISES INFORMATION	Local Gong	Check the box (if applicable): Indicates the burglar alarm rings on audible gong located outside the building.
PREMISES INFORMATION	Burglar Alarm Installed and Serviced by	Enter text: The name of the alarm company that installed and services the alarm. Alarm companies often install, maintain, and service the system in addition to providing Central Station facilities.
PREMISES INFORMATION	Extent	Enter code: The designated extent of protection as described in the Insurance Services Office crime rating manual.
PREMISES INFORMATION	Grade	Enter code: The alarm grade as described in the Insurance Services Office crime rating manual (e.g., AA, A, B, C) which indicates the time required to respond to a signal from the alarm system.
PREMISES INFORMATION	# Guards / Watchmen	Enter number: The number of guards and or watchmen employed or contracted for by the insured.
PREMISES INFORMATION	Clock Hourly	Check the box (if applicable): Indicates the guard/watchman is required to make hourly rounds using a special time recording device or in connection with the central station service. If other than hourly, indicate the time interval in the Other box.

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PREMISES INFORMATION	Other	Check the box (if applicable): Indicates the guard/watchman is required to make some other type of rounds.
PREMISES INFORMATION	Other Description	Enter text: The description of the rounds the guards/watchmen are required to make.
PREMISES INFORMATION	Premises Fire Protection	Enter text: The description of the type of fire protection for the premises (e.g. sprinklers, standpipes, chemical systems).
PREMISES INFORMATION	% Sprnk	Enter percentage: The percentage of the structure area covered by the sprinkler system.
PREMISES INFORMATION	Fire Alarm Manufacturer	Enter text: The name of the manufacturer of the alarm, and if it is UL listed.
PREMISES INFORMATION	Central Station	Check the box (if applicable): Indicates the fire alarm rings at an alarm company, police department or fire department.
PREMISES INFORMATION	Local Gong	Check the box (if applicable): Indicates the fire alarm rings on an audible gong located outside of the building.
ADDITIONAL INTEREST	ACORD 45 attached for additional names	Check the box (if applicable): Indicates that further additional interests appear on the attached ACORD 45.
ADDITIONAL INTEREST	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Other	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST	Other Description	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Certificate	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST	Name and Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST		Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Reference / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
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.

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ADDITIONAL INTEREST	Item Class	Enter text: The description of the item which has an additional interest.
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.
REMARKS	Remarks	Enter text: The remarks associated with a specific location or sublocation.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
ADDITIONAL PREMISES INFORMATION	Premises #	Enter number: The location number for the premises.
ADDITIONAL PREMISES INFORMATION	Street Address	Enter text: The first address line of the commercial structure.
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ADDITIONAL PREMISES INFORMATION	Deductible(s)	Enter deductible: The deductible amount that is to apply to this subject of insurance.
ADDITIONAL PREMISES INFORMATION	Blkt #	Enter number: The identifying number for the blanket under which this subject of insurance is rated. Leave blank if the subject of insurance is not included under a blanket.
ADDITIONAL PREMISES INFORMATION	Forms and Conditions to Apply	Enter text: The form numbers and special conditions that apply to this subject of insurance. Also indicate here if coverage is blanket or average rated.
ADDITIONAL PREMISES INFORMATION	Subject of Insurance	Enter code: The code designating the subject of insurance or premium bearing option.
ADDITIONAL PREMISES INFORMATION	Amount	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
ADDITIONAL PREMISES INFORMATION	Coins %	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
ADDITIONAL PREMISES INFORMATION	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC ..... Replacement Cost AA ..... Agreed Amount MV ..... Market Value

Section Name	Field Name	Field and/or Section Description
ADDITIONAL PREMISES INFORMATION	Causes of Loss	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
ADDITIONAL PREMISES INFORMATION	Inflation Guard %	Enter percentage: The inflation guard percentage gives an automatic increase in the amount of coverage based on a percentage over time. List both the percentage amount and the period of time during which it applies (e.g., 4% per year).
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Section Name	Field Name	Field and/or Section Description
ADDITIONAL PREMISES INFORMATION	Causes of Loss	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
ADDITIONAL PREMISES INFORMATION	Inflation Guard %	Enter percentage: The inflation guard percentage gives an automatic increase in the amount of coverage based on a percentage over time. List both the percentage amount and the period of time during which it applies (e.g., 4% per year).
ADDITIONAL PREMISES INFORMATION	Deductible(s)	Enter deductible: The deductible amount that is to apply to this subject of insurance.
ADDITIONAL PREMISES INFORMATION	Blkt #	Enter number: The identifying number for the blanket under which this subject of insurance is rated. Leave blank if the subject of insurance is not included under a blanket.
ADDITIONAL PREMISES INFORMATION	Forms and Conditions to Apply	Enter text: The form numbers and special conditions that apply to this subject of insurance. Also indicate here if coverage is blanket or average rated.
ADDITIONAL PREMISES INFORMATION	Additional Information - Business Income/Extra Expense.	Check the box (if applicable): Indicates the ACORD 810 Business Income/Extra Expense supplement is attached for this location.
ADDITIONAL PREMISES INFORMATION	Value Reporting Information	Check the box (if applicable): Indicates the ACORD 811 Value Reporting Information form is attached for this location.
ADDITIONAL PREMISES INFORMATION	Spoilage Coverage Yes	Enter Y for a "Yes" response. Input N for "No" response. Indicates if spoilage coverage applies.
ADDITIONAL PREMISES INFORMATION	Description of Property Covered	Enter text: The description of property to be covered for spoilage.
ADDITIONAL PREMISES INFORMATION	Limit	Enter limit: The limit applicable to the spoilage coverage.
ADDITIONAL PREMISES INFORMATION	Deductible	Enter deductible: The deductible applicable to the spoilage coverage.
ADDITIONAL PREMISES INFORMATION	Refrigeration Maintenance Agreement Yes	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a refrigerator maintenance agreement.
ADDITIONAL PREMISES INFORMATION	Breakdown or Contamination (checkbox)	Check the box (if applicable): Indicates that breakdown or contamination coverage exists.
ADDITIONAL PREMISES INFORMATION	Power Outage (checkbox)	Check the box (if applicable): Indicates power outage coverage exists.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Selling Price (checkbox)</b>	Check the box (if applicable): Indicates selling price coverage exists on refrigerant equipment.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Blank (checkbox)</b>	Check the box (if applicable): Indicates other refrigerant equipment coverage exists.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Options Description</b>	Enter text: The description of optional coverages that apply.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Accept Coverage</b>	Check the box (if applicable): Indicates sink hole coverage is requested.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Reject Coverage</b>	Check the box (if applicable): Indicates sink hole coverage is not requested.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Limit</b>	Enter limit: The limit applicable to the sink hole coverage.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Property Has Been Designated an Historical Landmark (checkbox)</b>	Check the box (if applicable): Indicates the property has been designated an historical landmark.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b># Of Open Sides on Structure</b>	Enter number: The number of open sides on a structure.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Remarks</b>	Enter text: The remarks associated with a specific location or sublocation.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Construction Type</b>	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Distance to Hydrant</b>	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Distance to Fire Station</b>	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Fire District</b>	Enter text: The property's fire district name.
<b>ADDITIONAL PREMISES INFORMATION</b>	<b>Code Number</b>	Enter code: The property's fire district code number which can be found in the individual states manual pages.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL PREMISES INFORMATION	Prot CI	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
ADDITIONAL PREMISES INFORMATION	# Stories	Enter number: The number of stories for this building not including any basement.
ADDITIONAL PREMISES INFORMATION	# Basm'ts	Enter number: The number of basements for this building.
ADDITIONAL PREMISES INFORMATION	Yr Built	Enter year: The year the building at each location was originally constructed. Specify in the Remarks section any significant additions or renovations and the year they were completed.
ADDITIONAL PREMISES INFORMATION	Total Area	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
ADDITIONAL PREMISES INFORMATION	Building Improvements Wiring	Check the box (if applicable): Indicates if any wiring improvements have been made since the original construction.
ADDITIONAL PREMISES INFORMATION	Building Improvements Wiring Year	Enter year: The year the wiring improvements took place.
ADDITIONAL PREMISES INFORMATION	Building Improvements Roofing	Check the box (if applicable): Indicates if any roofing improvements have been made since the original construction.
ADDITIONAL PREMISES INFORMATION	Building Improvements Roofing Year	Enter year: The year the roofing improvements took place.
ADDITIONAL PREMISES INFORMATION	Building Improvements Plumbing	Check the box (if applicable): Indicates if any plumbing improvements have been made since the original construction.
ADDITIONAL PREMISES INFORMATION	Building Improvements Plumbing Year	Enter year: The year the plumbing improvements took place.
ADDITIONAL PREMISES INFORMATION	Building Improvements Heating	Check the box (if applicable): Indicates if any heating improvements have been made since the original construction.
ADDITIONAL PREMISES INFORMATION	Building Improvements Heating Year	Enter year: The year the heating improvements took place.
ADDITIONAL PREMISES INFORMATION	Building Improvements Other	Check the box (if applicable): Indicates if any other improvements have been made since the original construction.
ADDITIONAL PREMISES INFORMATION	Building Improvements Other Description	Enter text: The description of other improvements that have been made to the structure.
ADDITIONAL PREMISES INFORMATION	Building Improvements Other Year	Enter year: The year the other improvements took place.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL PREMISES INFORMATION	Bldg Code Grade	Enter code: The industry code used to collect the building code effectiveness grade code. The source of this code list is public protection classification or individual insurer rating manuals.
ADDITIONAL PREMISES INFORMATION	Tax Code	Enter code: The city, county or state tax code, if applicable.
ADDITIONAL PREMISES INFORMATION	Roof Type	Enter code: The material used to construct the roof. Examples: * Composition (fiberglass, asphalt, etc.) * Metal * Poured * Slate * Tile * Wood Shake/ (pleas this list is not all inclusive)
ADDITIONAL PREMISES INFORMATION	Other Occupancies	Enter text: The description of any other occupancies located in the building not operated by the insured and not listed in the Description of Operations section on the ACORD 125. If no other occupancy, enter None.
ADDITIONAL PREMISES INFORMATION	Wind Class Resistive	Check the box (if applicable): Indicates the wind class is resistive.
ADDITIONAL PREMISES INFORMATION	Wind Class Semi Resistive	Check the box (if applicable): Indicates the wind class is semi-resistive.
ADDITIONAL PREMISES INFORMATION	Wind Class Other	Check the box (if applicable): Indicates the wind class is other than those listed.
ADDITIONAL PREMISES INFORMATION	Wind Class Other	Enter text: The description of the wind class when "other" has been checked.
ADDITIONAL PREMISES INFORMATION	Heating Source incl Woodburning Stove or Fireplace Insert (checkbox)	Check the box (if applicable): Indicates the presence of a solid fuel heater such as a wood burning stove or fireplace insert.
ADDITIONAL PREMISES INFORMATION	Date Installed	Enter date: The installation date of the solid fuel heater.
ADDITIONAL PREMISES INFORMATION	Manufacturer	enter text: The manufacturer of the solid fuel heater.
ADDITIONAL PREMISES INFORMATION	Primary Heat Boiler (checkbox)	Check the box (if applicable): Indicates if a boiler is the primary heating on the premises.
ADDITIONAL PREMISES INFORMATION	If Boiler, is insurance placed elsewhere? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the heating boiler is insured elsewhere.
ADDITIONAL PREMISES INFORMATION	Primary Heat Solid Fuel (checkbox)	Check the box (if applicable): Indicates if solid fuel is the primary heating on the premises.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL PREMISES INFORMATION	Primary Heat Other (checkbox)	Check the box (if applicable): Indicates primary heating is other than that listed on the form.
ADDITIONAL PREMISES INFORMATION	Primary Heat Other Description	Enter text: If applicable, describe the other primary heat source.
ADDITIONAL PREMISES INFORMATION	Secondary Heat Boiler (checkbox)	Check the box (if applicable): Indicates if a boiler is the secondary heating on the premises.
ADDITIONAL PREMISES INFORMATION	If Boiler, is insurance placed elsewhere? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the heating boiler is insured elsewhere.
ADDITIONAL PREMISES INFORMATION	Secondary Heat Solid Fuel (checkbox)	Check the box (if applicable): Indicates if solid fuel is the secondary heating on the premises.
ADDITIONAL PREMISES INFORMATION	Secondary Heat Other (checkbox)	Check the box (if applicable): Indicates secondary heating in a way not listed on this form.
ADDITIONAL PREMISES INFORMATION	Secondary Heat Other Description	Enter text: If applicable, describe the other secondary heat source.
ADDITIONAL PREMISES INFORMATION	Right Exposure/Right Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the right of the insured premises.
ADDITIONAL PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the right of the insured premises in linear feet.
ADDITIONAL PREMISES INFORMATION	Left Exposure/Left Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the left of the insured premises.
ADDITIONAL PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the left of the insured premises in linear feet.
ADDITIONAL PREMISES INFORMATION	Front Exposure/Front Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the front of the insured premises.
ADDITIONAL PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the front of the insured premises in linear feet.
ADDITIONAL PREMISES INFORMATION	Rear Exposure/Rear Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the rear of the insured premises.
ADDITIONAL PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the rear of the insured premises in linear feet.
ADDITIONAL PREMISES INFORMATION	Burglar Alarm Type	Enter text: The description of any burglar alarm protecting the building or contents. Descriptive terms such as safe, premises, perimeter, or ultrasonic may be suitable.
ADDITIONAL PREMISES INFORMATION	Certificate Number	Enter identifier: The Underwriters Laboratories or other testing organization Certificate Number, if applicable. Attach a copy of the certificate to the application.
ADDITIONAL PREMISES INFORMATION	Expiration Date	Enter date: The expiration date of the certificate.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL PREMISES INFORMATION	Central Station	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
ADDITIONAL PREMISES INFORMATION	With Keys	Check the box (if applicable): Indicates the alarm company, located off the insured's premises, has keys to the applicant's property.
ADDITIONAL PREMISES INFORMATION	Local Gong	Check the box (if applicable): Indicates the burglar alarm rings on audible gong located outside the building.
ADDITIONAL PREMISES INFORMATION	Burglar Alarm Installed and Serviced by	Enter text: The name of the alarm company that installed and services the alarm. Alarm companies often install, maintain, and service the system in addition to providing Central Station facilities.
ADDITIONAL PREMISES INFORMATION	Extent	Enter code: The designated extent of protection as described in the Insurance Services Office crime rating manual.
ADDITIONAL PREMISES INFORMATION	Grade	Enter code: The alarm grade as described in the Insurance Services Office crime rating manual (e.g., AA, A, B, C) which indicates the time required to respond to a signal from the alarm system.
ADDITIONAL PREMISES INFORMATION	# Guards / Watchmen	Enter number: The number of guards and or watchmen employed or contracted for by the insured.
ADDITIONAL PREMISES INFORMATION	Clock Hourly	Check the box (if applicable): Indicates the guard/watchman is required to make hourly rounds using a special time recording device or in connection with the central station service. If other than hourly, indicate the time interval in the Other box.
ADDITIONAL PREMISES INFORMATION	Other	Check the box (if applicable): Indicates the guard/watchman is required to make some other type of rounds.
ADDITIONAL PREMISES INFORMATION	Other Description	Enter text: The description of the rounds the guards/watchmen are required to make.
ADDITIONAL PREMISES INFORMATION	Premises Fire Protection	Enter text: The description of the type of fire protection for the premises (e.g. sprinklers, standpipes, chemical systems).
ADDITIONAL PREMISES INFORMATION	% Sprnk	Enter percentage: The percentage of the structure area covered by the sprinkler system.
ADDITIONAL PREMISES INFORMATION	Fire Alarm Manufacturer	Enter text: The name of the manufacturer of the alarm, and if it is UL listed.
ADDITIONAL PREMISES INFORMATION	Central Station	Check the box (if applicable): Indicates the fire alarm rings at an alarm company, police department or fire department.
ADDITIONAL PREMISES INFORMATION	Local Gong	Check the box (if applicable): Indicates the fire alarm rings on an audible gong located outside of the building.
ADDITIONAL INTEREST	ACORD 45 attached for additional names	Check the box (if applicable): Indicates that further additional interests appear on the attached ACORD 45.
ADDITIONAL INTEREST	Interest Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>ADDITIONAL INTEREST</b>	<b>Interest Mortgagee</b>	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
<b>ADDITIONAL INTEREST</b>	<b>Interest 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>Interest Other Description</b>	Enter text: The description of the type of 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>Certificate</b>	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
<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.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's country code.
<b>ADDITIONAL INTEREST</b>	<b>Reference / Loan #</b>	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
<b>ADDITIONAL INTEREST</b>	<b>Location</b>	Enter number: The producer assigned number of the location which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Building</b>	Enter number: The producer assigned number of the building which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Item Class</b>	Enter text: The description of the item which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Item</b>	Enter number: The producer assigned number of the scheduled item which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Item Description</b>	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.
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The remarks associated with a specific location or sublocation.
<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>REMARKS</b>	<b>Remarks</b>	Enter text: The remarks associated with a specific location or sublocation.
<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).