

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 07/17/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 155 BM (2004/12)	Boiler & Machinery Section 2002	<p>The title of the form. ACORD 155 BM, Boiler & Machinery 2002 Section, has been designed to address basic underwriting and rating needs for the issuance of Boiler and Machinery policies under the ISO 2002 rules.</p> <p>This form was designed to be used in conjunction with the Commercial Insurance Application - Applicant Information Section (ACORD 125). Refer to ACORD 125 for information on that form. Most information for the Identification Section should match the data found within the Applicant Information Section of ACORD 125. However it is still important to complete the section. Many companies, for rating purposes, separate the applications by line of business. Not completing this portion of the application impedes tracking the full account.</p>
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	FAX	Enter number: The fax number of the producer/agency.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Applicant (First Named Insured)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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	Proposed Eff. Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Proposed Exp. Date	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Billing Plan	Check the box (if applicable): Indicates if the policy is to be direct billed.
IDENTIFICATION SECTION	Billing Plan	Check the box (if applicable): Indicates if the policy is to be producer/agency billed.
IDENTIFICATION SECTION	Payment Plan	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
IDENTIFICATION SECTION	Inspection Contact	Enter text: The name of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
IDENTIFICATION SECTION	Inspection Contact Phone #	Enter number: The telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment.
IDENTIFICATION SECTION	Age of Oldest Machinery and Equipment	Enter number: The age of the oldest piece of machinery / equipment.
PREMISES INFORMATION	Premises #	Enter number: The location number for the premises.
PREMISES INFORMATION	Building #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES INFORMATION	Policy Limit / Equipment Breakdown	Enter limit: The limit for equipment breakdown coverage.
PREMISES INFORMATION	Deductible / Equipment Breakdown	Enter deductible: The deductible for equipment breakdown coverage.
PREMISES INFORMATION	Policy Limit / Pressure Or Vacuum Equipment Property Damage	Enter limit: The property damage limit for pressure or vacuum equipment coverage.
PREMISES INFORMATION	Deductible / Pressure Or Vacuum Equipment	Enter deductible: The property damage deductible for pressure or vacuum equipment coverage.

Section Name	Field Name	Field and/or Section Description
PREMISES INFORMATION	Policy Limit / Mechanical And Electrical Equipment Property Damage	Enter limit: The property damage limit for mechanical and electrical equipment coverage.
PREMISES INFORMATION	Deductible / Mechanical And Electrical Equipment	Enter deductible: The deductible amount for mechanical and electrical equipment coverage.
PREMISES INFORMATION	Policy Limit / Production Machinery Property Damage	Enter limit: The property damage limit for production machinery coverage.
PREMISES INFORMATION	Deductible / Production Machinery	Enter deductible: The deductible amount for production machinery coverage.
PREMISES INFORMATION	Policy Limit / Diagnostic Equipment Property Damage	Enter limit: The property damage limit for diagnostic equipment coverage.
PREMISES INFORMATION	Deductible / Diagnostic Equipment	Enter deductible: The deductible amount for diagnostic equipment coverage.
PREMISES INFORMATION	Policy Limit / Expediting Expense	Enter limit: The limit for expediting expense coverage.
PREMISES INFORMATION	Deductible / Expediting Expense	Enter deductible: The deductible amount for expediting expense coverage.
PREMISES INFORMATION	Policy Limit / Business Income / Extra Expense	Enter limit: The limit for business income / extra expense coverage.
PREMISES INFORMATION	Deductible / Business Income / Extra Expense	Enter deductible: The deductible amount for business income / extra expense coverage.
PREMISES INFORMATION	Policy Limit / Extra Expense Only Days	Enter number: The number of days for extra expense coverage.
PREMISES INFORMATION	Deductible / Extra Expense Only	Enter deductible: The deductible amount for extra expense coverage.
PREMISES INFORMATION	Policy Limit / Extended Period Of Restoration Days	Enter number: The number of days for extended period of restoration coverage.
PREMISES INFORMATION	Deductible / Extended Period Of Restoration	Enter deductible: The deductible amount for extended period of restoration coverage.
PREMISES INFORMATION	Policy Limit / Data Or Media	Enter limit: The limit for data or media coverage.
PREMISES INFORMATION	Deductible / Data Or Media	Enter deductible: The deductible amount for data or media coverage.
PREMISES INFORMATION	Policy Limit / Spoilage / Perishable Goods	Enter limit: The limit for spoilage / perishable goods coverage.
PREMISES INFORMATION	Deductible / Spoilage / Perishable Goods	Enter deductible: The deductible amount for spoilage / perishable goods coverage.

Section Name	Field Name	Field and/or Section Description
PREMISES INFORMATION	Policy Limit / Utility / Service Interr Hours	Enter number: The number of hours for utility service interruption coverage.
PREMISES INFORMATION	Deductible / Utility / Service Interr	Enter deductible: The deductible amount for utility service interruption coverage.
PREMISES INFORMATION	Policy Limit / Newly Acquired Premises Days	Enter number: The number of days for newly acquired premises coverage.
PREMISES INFORMATION	Deductible / Newly Acquired Premises	Enter deductible: The deductible amount for newly acquired premises coverage.
PREMISES INFORMATION	Policy Limit / Ord Or Law	Enter limit: The limit for ordinance or law coverage.
PREMISES INFORMATION	Deductible / Ord Or Law	Enter deductible: The deductible amount for ordinance or law coverage.
PREMISES INFORMATION	Policy Limit / Errors And Omissions	Enter limit: The limit for errors and omissions coverage.
PREMISES INFORMATION	Deductible / Errors And Omissions	Enter deductible: The deductible amount for errors and omissions coverage.
PREMISES INFORMATION	Policy Limit / Brands And Labels	Enter limit: The limit for brands and labels coverage.
PREMISES INFORMATION	Deductible / Brands And Labels	Enter deductible: The deductible amount for brands and labels coverage.
PREMISES INFORMATION	Policy Limit / Contingent Bus Inc / Extra Expense	Enter limit: The limit for contingent business income / extra expense coverage.
PREMISES INFORMATION	Deductible / Contingent Bus Inc / Extra Expense	Enter deductible: The deductible amount for contingent business income / extra expense coverage.
PREMISES INFORMATION	Policy Limit / Covered Premises	Enter limit: The limit for covered premises coverage.
PREMISES INFORMATION	Deductible / Covered Premises	Enter deductible: The deductible amount for covered premises coverage.
PREMISES INFORMATION	Policy Limit / Sale, Services, Materials	Enter limit: The limit for sales, service, materials coverage.
PREMISES INFORMATION	Deductible / Sale, Services, Materials	Enter deductible: The deductible amount for sales, service, materials coverage.
PREMISES INFORMATION	Policy Limit / Demolition	Enter limit: The limit for demolition coverage.
PREMISES INFORMATION	Deductible / Demolition	Enter deductible: The deductible amount for demolition coverage.
PREMISES INFORMATION	Policy Limit / Off Premises Property Damage	Enter limit: The limit for off premises property damage coverage.
PREMISES INFORMATION	Deductible / Off Premises Property Damage	Enter deductible: The deductible amount for off premises property damage coverage.
PREMISES INFORMATION	Other Coverage Description	Enter text: The description of the coverage.
PREMISES INFORMATION	Policy Limit / Other	Enter limit: The limit amount for the coverage.
PREMISES INFORMATION	Deductible / Other	Enter limit: The deductible amount for the coverage.

Section Name	Field Name	Field and/or Section Description
COVERAGE LIMITATIONS	Limit - Ammonia Contamination	Enter limit: The limit for ammonia contamination coverage.
COVERAGE LIMITATIONS	Limit - Consequential Loss	Enter limit: The limit for consequential loss coverage.
COVERAGE LIMITATIONS	Limit - Hazardous Substance	Enter limit: The limit for hazardous substance coverage.
COVERAGE LIMITATIONS	Limit - Water Damage	Enter limit: The limit for water damage coverage.
COVERAGE LIMITATIONS	Other Coverage Limitations	Enter text: The description of the coverage.
COVERAGE LIMITATIONS	Limit - Other Limit	Enter limit: The limit amount for the coverage.
CONDITIONS OR OPTIONAL COVERAGES	Limit - Business Income Report Date	Enter date: The report date for business income coverage. As used here, complete this section if coverage for business income is selected.
CONDITIONS OR OPTIONAL COVERAGES	Limit - Business Income Annual Value	Enter amount: The annual value for business income coverage.
CONDITIONS OR OPTIONAL COVERAGES	Limit - Business Income Coinsurance Percentage	Enter percentage: The coinsurance percentage for business income coverage.
CONDITIONS OR OPTIONAL COVERAGES	Limit - Diagnostic Equipment Included Or Excluded	Enter code: Indicates if the coverage is included or excluded.
CONDITIONS OR OPTIONAL COVERAGES	Other Coverage Limitations	Enter text: The description of the coverage.
CONDITIONS OR OPTIONAL COVERAGES	Limit - Other Limit	Enter limit: The limit amount for the coverage.
REMARKS	Remarks	Enter text: The remarks associated with the boiler and machinery line of business. Enter any additional information required for underwriting or rating.
ADDITIONAL INTERESTS	Prem # One	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTERESTS	Bldg # One	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTERESTS	Name and Address One	Enter text: The additional interest's full name.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTERESTS		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTERESTS		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTERESTS	Certificate Required Yes One	Check the box (if applicable): Indicates the additional interest requires a Certificate of Insurance,
ADDITIONAL INTERESTS	Certificate Required No One	Check the box (if applicable): Indicates the additional interest does not require a Certificate of Insurance,
ADDITIONAL INTERESTS	Interest One	Enter text: The description of the type of interest in the item.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTERESTS	Prem # Two	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTERESTS	Bldg # Two	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTERESTS	Name and Address Two	Enter text: The additional interest's full name.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTERESTS		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTERESTS		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTERESTS	Certificate Required Yes Two	Check the box (if applicable): Indicates the additional interest requires a Certificate of Insurance,
ADDITIONAL INTERESTS	Certificate Required No Two	Check the box (if applicable): Indicates the additional interest does not require a Certificate of Insurance,
ADDITIONAL INTERESTS	Interest Two	Enter text: The description of the type of interest in the item.
ADDITIONAL INTERESTS	Prem # Three	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTERESTS	Bldg # Three	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTERESTS	Name and Address Three	Enter text: The additional interest's full name.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTERESTS		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTERESTS		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTERESTS	Certificate Required Yes Three	Check the box (if applicable): Indicates the additional interest requires a Certificate of Insurance,
ADDITIONAL INTERESTS	Certificate Required No Three	Check the box (if applicable): Indicates the additional interest does not require a Certificate of Insurance,
ADDITIONAL INTERESTS	Interest Three	Enter text: The description of the type of interest in the item.
ADDITIONAL INTERESTS	Prem # Four	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTERESTS	Bldg # Four	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTERESTS	Name and Address Four	Enter text: The additional interest's full name.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address line one.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTERESTS		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTERESTS		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTERESTS		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTERESTS	Certificate Required Yes Four	Check the box (if applicable): Indicates the additional interest requires a Certificate of Insurance,
ADDITIONAL INTERESTS	Certificate Required No Four	Check the box (if applicable): Indicates the additional interest does not require a Certificate of Insurance,
ADDITIONAL INTERESTS	Interest Four	Enter text: The description of the type of interest in the item.
GENERAL INFORMATION	1. Are equipment maintenance, overhaul, monitoring, disassembly and repair conducted according to manufacturers' instructions? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are equipment maintenance, overhaul, monitoring, disassembly and repair conducted according to manufacturers' instructions?".
GENERAL INFORMATION	1. Are equipment maintenance, overhaul, monitoring, disassembly and repair conducted according to manufacturers' instructions? No	Check the box (if applicable): Indicates a "No" response to the question, "Are equipment maintenance, overhaul, monitoring, disassembly and repair conducted according to manufacturers' instructions?". As used here, if "No", explain in remarks.
GENERAL INFORMATION	2. Is all equipment accessible with respect to repair or replacement? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is all equipment accessible with respect to repair or replacement?".
GENERAL INFORMATION	2. Is all equipment accessible with respect to repair or replacement? No	Check the box (if applicable): Indicates a "No" response to the question, "Is all equipment accessible with respect to repair or replacement?". As used here, if "No", explain in remarks.
GENERAL INFORMATION	3. Are all equipment instrumentation and controls in accordance with manufacturers' specifications? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are all equipment instrumentation and controls in accordance with manufacturers' specifications?".
GENERAL INFORMATION	3. Are all equipment instrumentation and controls in accordance with manufacturers' specifications? No	Check the box (if applicable): Indicates a "Yes" response to the question, "Are all equipment instrumentation and controls in accordance with manufacturers' specifications?". As used here, if "No", explain in remarks.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	4. Are chlorofluorocarbon (CFC) refrigerants used in the machinery to cool any part of the premises or process? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are chlorofluorocarbon (CFC) refrigerants used in the machinery to cool any part of the premises or process?". As used here, if "Yes", explain in remarks.
GENERAL INFORMATION	4. Are chlorofluorocarbon (CFC) refrigerants used in the machinery to cool any part of the premises or process? No	Check the box (if applicable): Indicates a "No" response to the question, "Are chlorofluorocarbon (CFC) refrigerants used in the machinery to cool any part of the premises or process?".
GENERAL INFORMATION	5. Is all machinery and equipment in good condition? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is all machinery and equipment in good condition?".
GENERAL INFORMATION	5. Is all machinery and equipment in good condition? No	Check the box (if applicable): Indicates a "No" response to the question, "Is all machinery and equipment in good condition?". As used here, if "No", explain in remarks.
REMARKS	Remarks	Enter text: The remarks associated with the boiler and machinery line of business. Enter any additional information required for underwriting or rating.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).