

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 175 (2012/04)</b>	<b>Commercial Policy Change Request</b>	The title of the form. ACORD 175, Commercial Policy Change Request, is used to submit requested changes in a commercial insurance policy to the carrier.
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The date on which the form is completed.
<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 No.</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.</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).
<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>Insured's Name</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Insured's Name and Mailing Address If Changed</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address line one.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
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	Attention	Enter text: The name of the individual at the insurance company that is the primary contact.
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	Account Number	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
IDENTIFICATION SECTION	Effective Date of Change	Enter date: The date on which the change should take effect.
IDENTIFICATION SECTION	Policy Inception Date	Enter date: The date on which the terms and conditions of the policy commenced.
IDENTIFICATION SECTION	Policy Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Property	Check the box (if applicable): Indicates the type of policy is property.
IDENTIFICATION SECTION	Inland Marine	Check the box (if applicable): Indicates the type of policy is inland marine.
IDENTIFICATION SECTION	Umbrella	Check the box (if applicable): Indicates the type of policy is umbrella.
IDENTIFICATION SECTION	General Liability	Check the box (if applicable): Indicates the type of policy is general liability.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Auto</b>	Check the box (if applicable): Indicates the type of policy is automobile.
<b>IDENTIFICATION SECTION</b>	<b>Truckers</b>	Check the box (if applicable): Indicates the type of policy is truckers.
<b>IDENTIFICATION SECTION</b>	<b>Motor Carriers</b>	Check the box (if applicable): Indicates the type of policy is motor carriers.
<b>IDENTIFICATION SECTION</b>	<b>Business Owners</b>	Check the box (if applicable): Indicates the type of policy is business owners.
<b>IDENTIFICATION SECTION</b>	<b>Workers Comp</b>	Check the box (if applicable): Indicates the type of policy is workers compensation.
<b>IDENTIFICATION SECTION</b>	<b>Other Policy Type One</b>	Check the box (if applicable): Indicates the type of policy/perils insured is other than those listed.
<b>IDENTIFICATION SECTION</b>	<b>Other Policy Type Description One</b>	Enter text: The description of the type of policy issued to the insured.
<b>IDENTIFICATION SECTION</b>	<b>Other Policy Type Two</b>	Check the box (if applicable): Indicates the type of policy/perils insured is other than those listed.
<b>IDENTIFICATION SECTION</b>	<b>Other Policy Type Description Two</b>	Enter text: The description of the type of policy issued to the insured.
<b>IDENTIFICATION SECTION</b>	<b>Other Policy Type Three</b>	Check the box (if applicable): Indicates the type of policy/perils insured is other than those listed.
<b>IDENTIFICATION SECTION</b>	<b>Other Policy Type Description Three</b>	Enter text: The description of the type of policy issued to the insured.
<b>SHORT DESCRIPTION OF CHANGES / REMARKS</b>	<b>Short Description of Changes / Remarks</b>	Enter text: The remarks associated with a policy change. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. As used here, enter a short description of the changes.
<b>PREMISES INFORMATION SECTION</b>	<b>Add</b>	Check the box (if applicable): Indicates if the type of change being requested is an add.
<b>PREMISES INFORMATION SECTION</b>	<b>Change</b>	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
<b>PREMISES INFORMATION SECTION</b>	<b>Delete</b>	Check the box (if applicable): Indicates if the type of change being request is a delete.
<b>PREMISES INFORMATION SECTION</b>	<b>LOC #</b>	Enter number: The location number for the premises.
<b>PREMISES INFORMATION SECTION</b>	<b>BLD #</b>	Enter number: The building number for the premises. Used when more than one building exists at an individual location.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>PREMISES INFORMATION SECTION</b>	<b>Street, City, County, State</b>	Enter text: The first address line of the commercial structure.
<b>PREMISES INFORMATION SECTION</b>		Enter text: The city of the commercial structure.
<b>PREMISES INFORMATION SECTION</b>		Enter text: The county of the commercial structure.
<b>PREMISES INFORMATION SECTION</b>		Enter code: The state of the commercial structure.
<b>PREMISES INFORMATION SECTION</b>		Enter code: The postal code of the commercial structure.
<b>PREMISES INFORMATION SECTION</b>	<b>City Limits</b>	Check the box (if applicable): Indicates if the building is within the city limits.
<b>PREMISES INFORMATION SECTION</b>	<b>City Limits</b>	Check the box (if applicable): Indicates if the building is outside the city limits.
<b>PREMISES INFORMATION SECTION</b>	<b>Interest</b>	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
<b>PREMISES INFORMATION SECTION</b>	<b>Interest</b>	Check the box (if applicable): Indicates the named insured's interest is the building is as its tenant.
<b>PREMISES INFORMATION SECTION</b>	<b>Yr Built</b>	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.
<b>PREMISES INFORMATION SECTION</b>	<b>Part Occupied</b>	Enter percentage: The percentage of the building the named insured occupies.
<b>PREMISES INFORMATION SECTION</b>	<b>Add</b>	Check the box (if applicable): Indicates if the type of change being requested is an add.
<b>PREMISES INFORMATION SECTION</b>	<b>Change</b>	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
<b>PREMISES INFORMATION SECTION</b>	<b>Delete</b>	Check the box (if applicable): Indicates if the type of change being request is a delete.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>LOC #</b>	Enter number: The location number for the premises.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>BLD #</b>	Enter number: The building number for the premises. Used when more than one building exists at an individual location.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Description of Operation by Premises</b>	Enter text: The description of the nature/type of business.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Policy Limit(s) Changed</b>	Check the box (if applicable): Indicates if there is a change to the policy limits.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Add</b>	Check the box (if applicable): Indicates if the type of change being requested is an add.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Change</b>	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Delete</b>	Check the box (if applicable): Indicates if the type of change being request is a delete.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>VEH # One</b>	Enter number: The producer assigned vehicle number.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Year One</b>	Enter year: The model year of the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Make One</b>	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Model One</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Body Type One</b>	Enter code: The body type of the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>V.I.N One</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>PP (private passenger) One</b>	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>SPEC (special) One</b>	Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COML (commercial) One</b>	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>SYM \ AGE One</b>	Enter code: The symbol required for physical damage coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COMP / OTC SYM One</b>	Enter code: The symbol required for comprehensive / other than collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COLL SYM One</b>	Enter code: The symbol required for collision coverage.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Street (Required in KY) One</b>	Enter text: The vehicle's physical address line one.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>City One</b>	Enter text: The vehicle's physical address city name.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>County One</b>	Enter text: The vehicle's physical address county name.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>State One</b>	Enter code: The vehicle's physical address state or province code.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Zip One</b>	Enter code: The vehicle's physical address postal code.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>LIC State One</b>	Enter code: The state or province in which the vehicle is registered.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>TERR One</b>	Enter code: The rating territory code where the vehicle is principally garaged.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>GVW / GCW One</b>	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Class One</b>	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>SIC One</b>	Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Factor One</b>	Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Seat CP One</b>	Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Radius One</b>	Enter number: The radius in whole numbers within which this vehicle is operated.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Farthest Terminal One</b>	Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Cost New One</b>	Enter amount: The original cost of the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Pleasure One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Farm One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for farming.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Commercial One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Retail One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Service One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>For Hire One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for hire.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Other Use One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for other purposes.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Other Use Description</b>	Enter text: The description of the other vehicle usage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Liab One</b>	Check the box (if applicable): Indicates the vehicle has liability coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>No-fault One</b>	Check the box (if applicable): Indicates the vehicle has no-fault coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Add'l No-fault One</b>	Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Med Pay One</b>	Check the box (if applicable): Indicates the vehicle has medical payments coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Unins Motor One</b>	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Undrins Motor One</b>	Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Towing &amp; Labor One</b>	Check the box (if applicable): Indicates the vehicle has towing and labor coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Spec C of L One</b>	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>F One</b>	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>FT One</b>	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>FTW One</b>	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>LSP One</b>	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COMP/OTC One</b>	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Coll One</b>	Check the box (if applicable): Indicates the vehicle has collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Rent Reimb One</b>	Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>FG One</b>	Check the box (if applicable): Indicates the vehicle has full glass coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Other Coverage One</b>	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Other Coverage Description One</b>	Enter text: The description of the other type of coverage on the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>ACV One</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>AA One</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agreed amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>ST AMT One</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Applicable Limit One</b>	Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COMP/OTC One</b>	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Spec C of L One</b>	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:  SCL    Specified Cause of Loss F       Fire F&T    Fire and Theft F,T&W   Fire, Theft and Wind LSP    Limited Specified Perils SP     Specified Perils
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Applicable Deductible One</b>	Enter amount: The comprehensive or specified cause of loss deductible amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Collision Deductible One</b>	Enter deductible: The collision deductible amount.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Drive to Work or School under 15 miles one way One</b>	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Drive to Work or School 15 miles or over one way One</b>	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Net Veh CR/CR One</b>	Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Total Premium One</b>	Enter amount: The total amount for the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Liability One</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>No-fault One</b>	Enter limit: The personal injury protection (PIP) limit amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Add'l No-fault One</b>	Enter limit: The additional personal injury protection (APIP) limit amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Medical Payments One</b>	Enter limit: The medical payments per person limit.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Uninsured Motorists One</b>	Enter limit: The uninsured motorists combined single limit per accident limit amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Underinsured Motorists One</b>	Enter limit: The underinsured motorists combined single limit per accident limit amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Policy Limit(s) Changed</b>	Check the box (if applicable): Indicates if there is a change to the policy limits.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Add</b>	Check the box (if applicable): Indicates if the type of change being requested is an add.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Change</b>	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Delete</b>	Check the box (if applicable): Indicates if the type of change being request is a delete.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>VEH # Two</b>	Enter number: The producer assigned vehicle number.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Year Two</b>	Enter year: The model year of the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Make Two</b>	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Model Two</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Body Type Two</b>	Enter code: The body type of the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>V.I.N Two</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>PP (private passenger) Two</b>	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>SPEC (special) Two</b>	Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COML (commercial) Two</b>	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>SYM \ AGE Two</b>	Enter code: The symbol required for physical damage coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COMP / OTC SYM One</b>	Enter code: The symbol required for comprehensive / other than collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COLL SYM One</b>	Enter code: The symbol required for collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Street (Required in KY) Two</b>	Enter text: The vehicle's physical address line one.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>City Two</b>	Enter text: The vehicle's physical address city name.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>County Two</b>	Enter text: The vehicle's physical address county name.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>State Two</b>	Enter code: The vehicle's physical address state or province code.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Zip Two</b>	Enter code: The vehicle's physical address postal code.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>LIC State Two</b>	Enter code: The state or province in which the vehicle is registered.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>TERR Two</b>	Enter code: The rating territory code where the vehicle is principally garaged.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>GVW / GCW Two</b>	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Class Two</b>	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>SIC Two</b>	Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Factor Two</b>	Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Seat CP Two</b>	Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Radius Two</b>	Enter number: The radius in whole numbers within which this vehicle is operated.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Farthest Terminal Two</b>	Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Cost New Two</b>	Enter amount: The original cost of the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Pleasure Two</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Farm Two</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for farming.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Commercial Two</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Retail Two</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Service Two</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>For Hire One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for hire.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Other Use One</b>	Check the box (if applicable): Indicates the primary use for the vehicle is for other purposes.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Other Use Description</b>	Enter text: The description of the other vehicle usage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Liab Two</b>	Check the box (if applicable): Indicates the vehicle has liability coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>No-fault Two</b>	Check the box (if applicable): Indicates the vehicle has no-fault coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Add'l No-fault Two</b>	Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Med Pay Two</b>	Check the box (if applicable): Indicates the vehicle has medical payments coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Unins Motor Two</b>	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Undrins Motor Two</b>	Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Towing &amp; Labor Two</b>	Check the box (if applicable): Indicates the vehicle has towing and labor coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Spec C of L Two</b>	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>F Two</b>	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>FT Two</b>	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>FTW Two</b>	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>LSP Two</b>	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COMP/OTC Two</b>	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Coll Two</b>	Check the box (if applicable): Indicates the vehicle has collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Rent Reimb Two</b>	Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>FG Two</b>	Check the box (if applicable): Indicates the vehicle has full glass coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Other Coverage Two</b>	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Other Coverage Description Two</b>	Enter text: The description of the other type of coverage on the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>ACV Two</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>AA Two</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agreed amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>ST AMT Two</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Applicable Limit Two</b>	Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>COMP/OTC Two</b>	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Spec C of L Two</b>	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:  SCL Specified Cause of Loss F Fire F&T Fire and Theft F,T&W Fire, Theft and Wind LSP Limited Specified Perils SP Specified Perils
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Applicable Deductible Two</b>	Enter amount: The comprehensive or specified cause of loss deductible amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Collision Deductible Two</b>	Enter deductible: The collision deductible amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Drive to Work or School under 15 miles one way Two</b>	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Drive to Work or School 15 miles or over one way Two</b>	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Net Veh CR/CR Two</b>	Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Total Premium Two</b>	Enter amount: The total amount for the vehicle.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Liability Two</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>No-fault Two</b>	Enter limit: The personal injury protection (PIP) limit amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Add'l No-fault Two</b>	Enter limit: The additional personal injury protection (APIP) limit amount.
<b>AUTO-VEHICLE DESCRIPTION / LIMITS</b>	<b>Medical Payments Two</b>	Enter limit: The medical payments per person limit.

Section Name	Field Name	Field and/or Section Description
AUTO-VEHICLE DESCRIPTION / LIMITS	Uninsured Motorists Two	Enter limit: The uninsured motorists combined single limit per accident limit amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Underinsured Motorists Two	Enter limit: The underinsured motorists combined single limit per accident limit amount.
DRIVER INFORMATION	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
DRIVER INFORMATION	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
DRIVER INFORMATION	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
DRIVER INFORMATION	Driver # One	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Name One	Enter text: The driver's first name (given name). As used here, if the company requires an address enter it in remarks.
DRIVER INFORMATION		Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION		Enter text: The driver's last name (surname).
DRIVER INFORMATION	City	Enter text: The city of the driver.
DRIVER INFORMATION	State	Enter code: The state or province of the driver.
DRIVER INFORMATION	Zip	Enter code: The postal code of the driver.
DRIVER INFORMATION	Sex One	Enter code: The gender of the driver.
DRIVER INFORMATION	Mar Stat One	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union/Registered Domestic Partner, F- Fiancé/Fiancée, U - Unknown, O - Other
DRIVER INFORMATION	Date of Birth One	Enter date: The birth date of the driver.
DRIVER INFORMATION	Yrs Exp One	Enter number: The number of years of driving experience for the driver.
DRIVER INFORMATION	Year LIC One	Enter year: The original year in which a driver's license was issued to this driver.
DRIVER INFORMATION	Drivers License Number/Social Security Number One	Enter identifier: The driver's license number. As used here, if the driver's license number is not available, enter the social security number.
DRIVER INFORMATION	Social Security Number	Enter identifier: The tax identifier (social security number) of the driver.
DRIVER INFORMATION	State LIC One	Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Date Hire One	Enter date: The date the driver was hired.
DRIVER INFORMATION	Broaden No-Fault One	Enter Y for a "Yes" response. Input N for "No" response. Indicates that broadened no fault coverage applies to the driver (not applicable in all states).
DRIVER INFORMATION	DOC One	Enter Y for a "Yes" response. Input N for "No" response. Indicates the driver is covered by Drive Other Car coverage.
DRIVER INFORMATION	Use Veh # One	Enter number: The producer assigned vehicle number that this driver primarily uses.

Section Name	Field Name	Field and/or Section Description
DRIVER INFORMATION	% Use One	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
WORKERS' COMPENSATION RATING INFORMATION	Type of Change One	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
WORKERS' COMPENSATION RATING INFORMATION	State One	Enter text: The name of the state to which the rating information is applicable.
WORKERS' COMPENSATION RATING INFORMATION	LOC One	Enter number: The producer assigned number of the location.
WORKERS' COMPENSATION RATING INFORMATION	Class Code One	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
WORKERS' COMPENSATION RATING INFORMATION	Descr Code One	Enter code: The company description code for this type of risk (if applicable).
WORKERS' COMPENSATION RATING INFORMATION	Categories, Duties, Classifications One	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
WORKERS' COMPENSATION RATING INFORMATION	# of Employees One	Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b># of Employees One</b>	Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b>Estimated Annual Remuneration One</b>	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b>Type of Change Two</b>	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b>State Two</b>	Enter text: The name of the state to which the rating information is applicable.
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b>LOC Two</b>	Enter number: The producer assigned number of the location.
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b>Class Code Two</b>	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b>Descr Code Two</b>	Enter code: The company description code for this type of risk (if applicable).

Section Name	Field Name	Field and/or Section Description
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b>Categories, Duties, Classifications Two</b>	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b># of Employees Two</b>	Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b># of Employees Two</b>	Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate
<b>WORKERS' COMPENSATION RATING INFORMATION</b>	<b>Estimated Annual Remuneration Two</b>	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
<b>PROPERTY / INLAND MARINE - PREMISES INFORMATION</b>	<b>Premises #</b>	Enter number: The location number for the premises.
<b>PROPERTY / INLAND MARINE - 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.
<b>PROPERTY / INLAND MARINE - PREMISES INFORMATION</b>	<b>Add</b>	Check the box (if applicable): Indicates if the type of change being requested is an add.
<b>PROPERTY / INLAND MARINE - PREMISES INFORMATION</b>	<b>Change</b>	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
<b>PROPERTY / INLAND MARINE - PREMISES INFORMATION</b>	<b>Delete</b>	Check the box (if applicable): Indicates if the type of change being request is a delete.
<b>PROPERTY / INLAND MARINE - PREMISES INFORMATION</b>	<b>Subject of Insurance One</b>	Enter code: The code designating the subject of insurance or premium bearing option.

Section Name	Field Name	Field and/or Section Description
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Amount One	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Coins % One	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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Valuation One	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
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Causes of Loss One	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Inflation Guards % One	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).
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Deductible One	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Forms and Conditions to Apply One	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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Subject of Insurance Two	Enter code: The code designating the subject of insurance or premium bearing option.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Amount Two	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.

Section Name	Field Name	Field and/or Section Description
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Coins % Two	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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Valuation Two	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
PROPERTY / INLAND MARINE - 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
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Inflation Guards % Two	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).
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Deductible Two	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Forms and Conditions to Apply Two	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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Additional Coverages, Options, Endorsements, and Rating Information	Enter text: The remarks associated with a specific location or sublocation.

Section Name	Field Name	Field and/or Section Description
PROPERTY / INLAND MARINE - 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
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Distance to Hydrant	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Distance to Fire Stat	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Fire District / Code Number	Enter text: The property's fire district name.
PROPERTY / INLAND MARINE - PREMISES INFORMATION		Enter code: The property's fire district code number which can be found in the individual states manual pages.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Prot CL	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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	# Stories	Enter number: The number of stories for this building not including any basement.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	# Basements	Enter number: The number of basements for this building.
PROPERTY / INLAND MARINE - 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.
PROPERTY / INLAND MARINE - 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.

Section Name	Field Name	Field and/or Section Description
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Wiring	Check the box (if applicable): Indicates if any wiring improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter year: The year the wiring improvements took place.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Roofing	Check the box (if applicable): Indicates if any roofing improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter year: The year the roofing improvements took place.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Plumbing	Check the box (if applicable): Indicates if any plumbing improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter year: The year the plumbing improvements took place.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Heating	Check the box (if applicable): Indicates if any heating improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter year: The year the heating improvements took place.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Other Improvements	Check the box (if applicable): Indicates if any other improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter text: The description of other improvements that have been made to the structure.
PROPERTY / INLAND MARINE - 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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Inspected? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the structure has been inspected specific to its Building Code effectiveness grade.

Section Name	Field Name	Field and/or Section Description
PROPERTY / INLAND MARINE - 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)
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Tax Code	Enter code: The city, county or state tax code, if applicable.
PROPERTY / INLAND MARINE - 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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Right Exposure & Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the right of the insured premises.
PROPERTY / INLAND MARINE - PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the right of the insured premises in linear feet.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Left Exposure & Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the left of the insured premises.
PROPERTY / INLAND MARINE - PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the left of the insured premises in linear feet.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Rear Exposure & Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the rear of the insured premises.
PROPERTY / INLAND MARINE - PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the rear of the insured premises in linear feet.
PROPERTY / INLAND MARINE - 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.

Section Name	Field Name	Field and/or Section Description
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Certificate #	Enter identifier: The Underwriters Laboratories or other testing organization Certificate Number, if applicable. Attach a copy of the certificate to the application.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Expiration Date	Enter date: The expiration date of the certificate.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Extent	Enter code: The designated extent of protection as described in the Insurance Services Office crime rating manual.
PROPERTY / INLAND MARINE - 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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Central Station	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
PROPERTY / INLAND MARINE - 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.
PROPERTY / INLAND MARINE - 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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	# Guards/Watchmen	Enter number: The number of guards and or watchmen employed or contracted for by the insured.
PROPERTY / INLAND MARINE - 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.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Other than Hourly	Check the box (if applicable): Indicates the guard/watchman is required to make some other type of rounds.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Other than Hourly	Enter text: The description of the rounds the guards/watchmen are required to make.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Premises Fire Protection	Enter text: The description of the type of fire protection for the premises (e.g. sprinklers, standpipes, chemical systems).

Section Name	Field Name	Field and/or Section Description
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Fire Alarm Manufacturer	Enter text: The name of the manufacturer of the alarm, and if it is UL listed.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Central Station	Check the box (if applicable): Indicates the fire alarm rings at an alarm company, police department or fire department.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Local Gong	Check the box (if applicable): Indicates the fire alarm rings on an audible gong located outside of the building.
INLAND MARINE-SCHEDULED EQUIPMENT	% Coinsurance	Enter percentage: The coinsurance percent at which the rate is published. Also, the amount of property value insured (as a percent). It can also represent the least amount of insurance the insured must carry on the property protected by the policy.
INLAND MARINE-SCHEDULED EQUIPMENT	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
INLAND MARINE-SCHEDULED EQUIPMENT	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
INLAND MARINE-SCHEDULED EQUIPMENT	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
INLAND MARINE-SCHEDULED EQUIPMENT	Number (#) One	Enter identifier: The producer assigned identifier for the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Model Year One	Enter year: The model year of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Description One	Enter text: The description of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	ID #/Serial # One	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Date Purchased One	Enter date: The date the item was purchased, (MM/DD/YYYY).
INLAND MARINE-SCHEDULED EQUIPMENT	New/Used One	Enter code: A code indicating if the item was purchased new or used.
INLAND MARINE-SCHEDULED EQUIPMENT	Amount of Insurance One	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
INLAND MARINE-SCHEDULED EQUIPMENT	Number (#) Two	Enter identifier: The producer assigned identifier for the item.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>INLAND MARINE- SCHEDULED EQUIPMENT</b>	<b>Model Year Two</b>	Enter year: The model year of the item.
<b>INLAND MARINE- SCHEDULED EQUIPMENT</b>	<b>Description Two</b>	Enter text: The description of the item.
<b>INLAND MARINE- SCHEDULED EQUIPMENT</b>	<b>ID #/Serial # Two</b>	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
<b>INLAND MARINE- SCHEDULED EQUIPMENT</b>	<b>Date Purchased Two</b>	Enter date: The date the item was purchased, (MM/DD/YYYY).
<b>INLAND MARINE- SCHEDULED EQUIPMENT</b>	<b>New/Used Two</b>	Enter code: A code indicating if the item was purchased new or used.
<b>INLAND MARINE- SCHEDULED EQUIPMENT</b>	<b>Amount of Insurance Two</b>	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
<b>GENERAL LIABILITY - LIMITS</b>	<b>Change</b>	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
<b>GENERAL LIABILITY - LIMITS</b>	<b>General Aggregate</b>	Enter limit: The general liability, general aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>GENERAL LIABILITY - LIMITS</b>	<b>Products &amp; Completed Operations Aggregate</b>	Enter limit: The general liability, products and completed operations aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>GENERAL LIABILITY - LIMITS</b>	<b>Personal &amp; Advertising Injury</b>	Enter limit: The general liability, personal and advertising injury limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>GENERAL LIABILITY - LIMITS</b>	<b>Each Occurrence</b>	Enter limit: The general liability, each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>GENERAL LIABILITY - LIMITS</b>	<b>Damage to Rented Premises</b>	Enter limit: The general liability, damage to rented premises each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>GENERAL LIABILITY - LIMITS</b>	<b>Medical Expense</b>	Enter limit: The general liability, medical expense each person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>GENERAL LIABILITY - LIMITS</b>	<b>Employee Benefits</b>	Enter limit: The general liability employee benefits limit amount.

Section Name	Field Name	Field and/or Section Description
GENERAL LIABILITY - LIMITS	Other	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - LIMITS	Other Benefits	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Type of Change One	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Location # One	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Haz # One	Enter number: A unique (within location) number distinguishing this unit-at-risk from the others.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Classification One	Enter text: The classification the applicant's liability exposures by location, using the ISO Classification Table or other industry organization rules. Enter the appropriate class description from the table in this field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Class Code One	Enter code: The general liability class code that corresponds to the classification description shown in the previous field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Premium Basis One	Enter code: An industry code designating the rating basis of the exposure amount.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Exposure One	Enter amount: The amount of the exposure used for this class code in calculating the premium. The contents of this data element depends on the rating basis used. The full amount of exposure is contained.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Terr One	Enter code: The rating territory code based on location from the appropriate state exception page.

Section Name	Field Name	Field and/or Section Description
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Type of Change Two	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Location # Two	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Haz # Two	Enter number: A unique (within location) number distinguishing this unit-at-risk from the others.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Classification Two	Enter text: The classification the applicant's liability exposures by location, using the ISO Classification Table or other industry organization rules. Enter the appropriate class description from the table in this field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Class Code Two	Enter code: The general liability class code that corresponds to the classification description shown in the previous field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Premium Basis Two	Enter code: An industry code designating the rating basis of the exposure amount.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Exposure Two	Enter amount: The amount of the exposure used for this class code in calculating the premium. The contents of this data element depends on the rating basis used. The full amount of exposure is contained.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Terr Two	Enter code: The rating territory code based on location from the appropriate state exception page.

Section Name	Field Name	Field and/or Section Description
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Type of Change Three	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Location # Three	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Haz # Three	Enter number: A unique (within location) number distinguishing this unit-at-risk from the others.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Classification Three	Enter text: The classification the applicant's liability exposures by location, using the ISO Classification Table or other industry organization rules. Enter the appropriate class description from the table in this field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Class Code Three	Enter code: The general liability class code that corresponds to the classification description shown in the previous field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Premium Basis Three	Enter code: An industry code designating the rating basis of the exposure amount.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Exposure Three	Enter amount: The amount of the exposure used for this class code in calculating the premium. The contents of this data element depends on the rating basis used. The full amount of exposure is contained.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Terr Three	Enter code: The rating territory code based on location from the appropriate state exception page.
UMBRELLA CHANGES	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
UMBRELLA CHANGES	Limit of Liability	Enter limit: The excess umbrella liability limit each occurrence limit.
UMBRELLA CHANGES	Retained Limit	Enter deductible: The excess or umbrella liability deductible or retention amount.
UMBRELLA CHANGES	Other	Enter text: The description of other coverage (not the limit) on the excess umbrella liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
ADDITIONAL INTEREST	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
ADDITIONAL INTEREST	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
ADDITIONAL INTEREST	Additional Insured	Check the box (if applicable): Indicates the interest type is an additional insured.
ADDITIONAL INTEREST	Employee as Lessor	Check the box (if applicable): Indicates the additional interest type is an employee as lessor.
ADDITIONAL INTEREST	Lienholder	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
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	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Owner	Check the box (if applicable): Indicates the additional interest type is an owner.
ADDITIONAL INTEREST	Registrant	Check the box (if applicable): Indicates the additional interest type is a registrant.
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	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Evidence: Certificate	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
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.
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.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>ADDITIONAL INTEREST</b>	<b>Airport</b>	Enter identifier: The Federal Aviation Administration's designator for the airport (e.g. ORD - O'Hare International Airport).
<b>ADDITIONAL INTEREST</b>	<b>Item Class</b>	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
<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>SIGNATURE</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</b>	<b>Producer's Name</b>	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
<b>SIGNATURE</b>	<b>State Producer License No</b>	Enter identifier: The State License Number of the producer. As used here, this information is required in Florida.
<b>SIGNATURE</b>	<b>Insured's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>SIGNATURE</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).