

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 187 (3/98)	Professional Liability Supplement	<p>The title of the form. ACORD 187, Professional Liability Supplement, is used to apply for professional liability coverage for any of the following classes:</p> <ul style="list-style-type: none"> * Barbers and Beauticians * Funeral Directors * Optical and Hearing Aid Establishments * Printers * Veterinarians <p>This form is intended to be used as a supplement to the following forms:</p> <ul style="list-style-type: none"> * ACORD 126, Commercial General Liability Section * ACORD 160, Business owners Application.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer	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	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

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IDENTIFICATION SECTION	First Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Years In Business	Enter number: The number of years the insured has been in business.
IDENTIFICATION SECTION	Nature Of Business	Enter text: The description of the nature/type of business.
IDENTIFICATION SECTION	# of Employees - Full Time	Enter number: The number of full time employees.
IDENTIFICATION SECTION	# of Employees - Part Time	Enter number: The number of part time employees.
IDENTIFICATION SECTION	Annual Sales/Receipts	Enter amount: The total annual gross sales or receipts.
GENERAL INFORMATION	Are all employees licensed as required by law? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are all employees licensed as required by law?".
GENERAL INFORMATION	Are all employees licensed as required by law? No	Check the box (if applicable): Indicates a "No" response to the question, "Are all employees licensed as required by law?".
GENERAL INFORMATION	Is applicant a member of a local or national organization? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is applicant a member of a local or national organization?".
GENERAL INFORMATION	If yes, provide name	Enter text: The name of the local or national organization the applicant is a member of.
GENERAL INFORMATION	Is applicant a member of a local or national organization? No	Check the box (if applicable): Indicates a "No" response to the question, "Is applicant a member of a local or national organization?".
GENERAL INFORMATION	Do any employees work for others in addition to the applicant? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do any employees work for others in addition to the applicant?".
GENERAL INFORMATION	Do any employees work for others in addition to the applicant? No	Check the box (if applicable): Indicates a "No" response to the question, "Do any employees work for others in addition to the applicant?".
FUNERAL DIRECTORS INFORMATION	If funeral prepayment plans are offered, are funds properly audited, managed and distributed by full-time director? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "If funeral prepayment plans are offered, are funds properly audited, managed and distributed by full-time director?".

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FUNERAL DIRECTORS INFORMATION	If funeral prepayment plans are offered, are funds properly audited, managed and distributed by full-time director? No	Check the box (if applicable): Indicates a "No" response to the question, "If funeral prepayment plans are offered, are funds properly audited, managed and distributed by full-time director?".
FUNERAL DIRECTORS INFORMATION	Does applicant specialize in cremation services? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant specialize in cremation services?".
FUNERAL DIRECTORS INFORMATION	Does applicant specialize in cremation services? No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant specialize in cremation services?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Are all prescriptions checked against the original order when the merchandise is delivered? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are all prescriptions checked against the original order when the merchandise is delivered?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Are all prescriptions checked against the original order when the merchandise is delivered? No	Check the box (if applicable): Indicates a "No" response to the question, "Are all prescriptions checked against the original order when the merchandise is delivered?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Are records of all tests performed, prescriptions filled and customer's acceptance of merchandise kept on computer or in a fire-resistant cabinet? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are records of all tests performed, prescriptions filled and customer's acceptance of merchandise kept on computer or in a fire-resistant cabinet?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Are records of all tests performed, prescriptions filled and customer's acceptance of merchandise kept on computer or in a fire-resistant cabinet? No	Check the box (if applicable): Indicates a "No" response to the question, "Are records of all tests performed, prescriptions filled and customer's acceptance of merchandise kept on computer or in a fire-resistant cabinet?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Are hearing aids or optical goods manufactured or delivered only as a result of a prescription from a physician, audiologist or optometrist? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are hearing aids or optical goods manufactured or delivered only as a result of a prescription from a physician, audiologist or optometrist?".

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OPTICAL AND HEARING AID ESTABLISHMENTS	Are hearing aids or optical goods manufactured or delivered only as a result of a prescription from a physician, audiologist or optometrist? No	Check the box (if applicable): Indicates a "No" response to the question, "Are hearing aids or optical goods manufactured or delivered only as a result of a prescription from a physician, audiologist or optometrist?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Does applicant employ optometrists or opticians? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant employ optometrists or opticians?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Does applicant employ optometrists or opticians? No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant employ optometrists or opticians?".
PRINTERS	Are lottery, gaming or raffle tickets printed? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are lottery, gaming or raffle tickets printed?".
PRINTERS	Are lottery, gaming or raffle tickets printed? No	Check the box (if applicable): Indicates a "No" response to the question, "Are lottery, gaming or raffle tickets printed?".
PRINTERS	Are food or drug labels printed? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are food or drug labels printed?".
PRINTERS	Are food or drug labels printed? No	Check the box (if applicable): Indicates a "No" response to the question, "Are food or drug labels printed?".
PRINTERS	Are transportation, admission or special event tickets printed? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are transportation, admission or special event tickets printed?".
PRINTERS	Are transportation, admission or special event tickets printed? No	Check the box (if applicable): Indicates a "No" response to the question, "Are transportation, admission or special event tickets printed?".
PRINTERS	Are money orders, securities, or travelers checks printed? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are money orders, securities, or travelers checks printed?".
PRINTERS	Are money orders, securities, or travelers checks printed? No	Check the box (if applicable): Indicates a "No" response to the question, "Are money orders, securities, or travelers checks printed?".
PRINTERS	Does the applicant have a written quality control program? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does the applicant have a written quality control program?".
PRINTERS	Does the applicant have a written quality control program? No	Check the box (if applicable): Indicates a "No" response to the question, "Does the applicant have a written quality control program?".
PRINTERS	Are customers required to proof-read before printing takes place? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are customers required to proof-read before printing takes place?".

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PRINTERS	Are customers required to proof-read before printing takes place? No	Check the box (if applicable): Indicates a "No" response to the question, "Are customers required to proof-read before printing takes place?".
PRINTERS	Is the applicant a contract printer for publishers? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is the applicant a contract printer for publishers?".
PRINTERS	Is the applicant a contract printer for publishers? No	Check the box (if applicable): Indicates a "No" response to the question, "Is the applicant a contract printer for publishers?".
PRINTERS	Does the applicant write documents? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does the applicant write documents?".
PRINTERS	Does the applicant write documents? No	Check the box (if applicable): Indicates a "No" response to the question, "Does the applicant write documents?".
PRINTERS	How are solvents and/or other pollutants disposed of?	Enter text: The description of how solvents and/or other pollutants are disposed.
VETERINARIANS	Are any services provided to animals used or bred for professional racing, show or delivery services? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any services provided to animals used or bred for professional racing, show or delivery services?".
VETERINARIANS	Are any services provided to animals used or bred for professional racing, show or delivery services? No	Check the box (if applicable): Indicates a "No" response to the question, "Are any services provided to animals used or bred for professional racing, show or delivery services?".
VETERINARIANS	Are any services provided to animals belonging to zoos, circuses, carnivals, rodeos, theatrical or other show enterprises? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any services provided to animals belonging to zoos, circuses, carnivals, rodeos, theatrical or other show enterprises?".
VETERINARIANS	Are any services provided to animals belonging to zoos, circuses, carnivals, rodeos, theatrical or other show enterprises? No	Check the box (if applicable): Indicates a "No" response to the question, "Are any services provided to animals belonging to zoos, circuses, carnivals, rodeos, theatrical or other show enterprises?".
VETERINARIANS	# of Owners:	Enter number: The number of owners.
VETERINARIANS	# of Employed Vets:	Enter number: The number of employed veterinarians.

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REMARKS	Remarks	Enter text: The general remarks associated with professional liability. Use the remarks area to document anything else that would help the underwriter evaluate your application. Attach the ACORD 101, Additional Remarks Schedule, if more space is required.
EDITION	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).
COVERAGE INFORMATION	Hired Autos	Check the box (if applicable): Indicates the vehicle policy covers hired autos.
COVERAGE INFORMATION	Other Covered Auto	Check the box (if applicable): Indicates the vehicle policy covers autos other than those listed.
COVERAGE INFORMATION	Other Covered Auto Description	Enter text: The description of the other covered autos.
COVERAGE INFORMATION	Scheduled Autos	Check the box (if applicable): Indicates the vehicle policy covers scheduled autos.
COVERAGE INFORMATION	Non- Owned Autos	Check the box (if applicable): Indicates the vehicle policy covers non-owned autos.
COVERAGE INFORMATION	Other Covered Auto	Check the box (if applicable): Indicates the vehicle policy covers autos other than those listed.
COVERAGE INFORMATION	Other Covered Auto Description	Enter text: The description of the other covered autos.
COVERAGE INFORMATION	Addl Insr	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the policy.
COVERAGE INFORMATION	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy.
COVERAGE INFORMATION	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. As used here, the automobile liability policy number.
COVERAGE INFORMATION	Policy Eff (MM/DD/YYYY)	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. As used here, the automobile policy effective date.
COVERAGE INFORMATION	Policy Exp (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the policy will expire. As used here, the automobile policy expiration date.
COVERAGE INFORMATION	Combined Single Limit \$	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as found on the policy declarations page.

Section Name	Field Name	Field and/or Section Description
COVERAGE INFORMATION	Bodily Injury (Per Person) \$	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). As used here, the limit should be listed as a whole dollar amount, as found on the policy declarations page.
COVERAGE INFORMATION	Bodily Injury (Per Accident) \$	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Property Damage	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as found on the policy declarations page.
COVERAGE INFORMATION	Other Description	Enter text: The description of the coverage.
COVERAGE INFORMATION	Other Limit	Enter limit: The limit amount of the other coverage.
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial excess umbrella liability policy.
COVERAGE INFORMATION	Umbrella Liab	Check the box (if applicable): Indicates the type of policy is umbrella.
COVERAGE INFORMATION	Excess Liab	Check the box (if applicable): Indicates the type of policy is excess.
COVERAGE INFORMATION	Type of Insurance - Excess/Umbrella Liability - Occur	Check the box (if applicable): Indicates "coverage trigger" is on an occurrence basis on an excess or umbrella liability policy.
COVERAGE INFORMATION	Claims-Made	Check the box (if applicable): Indicates the "coverage trigger" is on a claims-made basis on an excess or umbrella liability policy.
COVERAGE INFORMATION	Deductible	Check the box (if applicable): This indicates whether a deductible or retention amount applies to the excess or umbrella liability policy.
COVERAGE INFORMATION	Retention	Check the box (if applicable): Indicates the excess or umbrella liability policy has an applicable deductible or retention amount.
COVERAGE INFORMATION	\$ Field Box	Enter deductible: The excess or umbrella liability deductible or retention amount.

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COVERAGE INFORMATION	Addl Insr	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the policy. As used here, place a check mark next to each coverage where an additional insured endorsement has been issued.
COVERAGE INFORMATION	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy.
COVERAGE INFORMATION	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. As used here, the excess / umbrella policy number.
COVERAGE INFORMATION	Policy Eff (MM/DD/YYYY)	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. As used here, the excess / umbrella policy effective date.
COVERAGE INFORMATION	Policy Exp (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the policy will expire. As used here, the excess / umbrella policy expiration date.
COVERAGE INFORMATION	Limits - Each Occurrence \$	Enter limit: The excess umbrella liability limit each occurrence limit. As used here, the limit should be listed as a whole dollar amount, as found on the policy declarations page. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Aggregate \$	Enter limit: The excess/umbrella liability aggregate limit should be listed as whole dollar amount, as found on the policy declarations page. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as whole dollar amount, as found on the policy declarations page. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Field Box	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). As used here, the description of Other Excess / Umbrella Liability Limit as found on the policy declarations page. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	\$ Field Box	Enter limit: The excess umbrella liability limit other coverage limit. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as whole dollar amount, as found on the policy declarations page. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

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COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial workers compensation and employers liability policy.
COVERAGE INFORMATION	Type of Insurance - Workers Compensation and Employers' Liability - Any Proprietor/Partner/Executive/Officer/Member Excluded?	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the workers compensation and employers liability policy excludes any proprietor, partner, executive officer, or member. As used here, this question is mandatory in New Hampshire.
COVERAGE INFORMATION	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy.
COVERAGE INFORMATION	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. As used here, the workers compensation policy number.
COVERAGE INFORMATION	Policy Eff (MM/DD/YYYY)	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. As used here, the workers compensation policy effective date.
COVERAGE INFORMATION	Policy Exp (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the policy will expire. As used here, the workers compensation policy expiration date.
COVERAGE INFORMATION	Limits - WC Statutory Limits	Check the box (if applicable): Indicates that workers compensation statutory limits apply.
COVERAGE INFORMATION	Limits - Other	Check the box (if applicable): Indicates that additional coverage above the workers compensation statutory limits applies (permitted in some states). Describe the additional coverage in the Special Provisions section.
COVERAGE INFORMATION	Field Box	Enter text: The description of other coverage (not the limit) on the workers compensation and employers liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	E.L. Each Accident \$	Enter limit: The workers compensation and employers liability policy, employers liability each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	E.L. Disease- EA Employee \$	Enter limit: The workers compensation and employers liability policy, employers liability disease each employee limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as found on the policy declarations page.

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COVERAGE INFORMATION	E.L. Disease- Policy Limit \$	Enter limit: The workers compensation and employers liability policy, employers liability disease policy limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the other policy.
COVERAGE INFORMATION	Type of Insurance - Other	Enter text: The description of the other policy not listed on the form.
COVERAGE INFORMATION	Addl Insr	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the policy. As used here, place a check mark next to each coverage where an additional insured endorsement has been issued or (for umbrella/excess) there is an additional insured on the underlying primary policy and this umbrella excess is follow form.
COVERAGE INFORMATION	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy. As used here, this umbrella excess is follow form.
COVERAGE INFORMATION	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. As used here, the policy number of the other policy.
COVERAGE INFORMATION	Policy Eff (MM/DD/YYYY)	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. As used here, the effective date of the other policy,
COVERAGE INFORMATION	Policy Exp (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the policy will expire. As used here, the expiration date of the other policy.
COVERAGE INFORMATION	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as found on the policy declarations page.
COVERAGE INFORMATION	Description of Operations / Locations / Vehicles	Enter text: The Certificate Of Liability Insurance general remarks. As used here, records information necessary to identify the operations, locations and vehicles for which the certificate was issued.
CERTIFICATE HOLDER	Certificate Holder Name & Address	Enter text: The certificate holder's full name.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line one.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line two.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address city name.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address state or province code.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address postal code.

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CANCELLATION	Authorized Representative	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. As used here, the authorized representative by all companies to issue Certificates.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).