

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 70 (2012/03)	Personal Policy Change Request (Except Auto)	The title of the form. ACORD 70, Personal Policy Change Request (Except Auto), is used to request mid-term changes to any personal lines policy, except auto. For auto changes, see ACORD 71, Personal Auto Policy Change Request. This form should be used instead of individual turnaround endorsement requests. A copy of the request may be sent to the insured to confirm that the change is submitted to the company. The form provides for property, mobile home, inland marine, watercraft and umbrella changes.
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	FAX	Enter number: The fax number of the producer/agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person e-mail address.
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).

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Insured's Name and Mailing Address if changed	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
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	Policy Type - Homeowner	Check the box (if applicable): Indicates the type of policy is homeowners.
IDENTIFICATION SECTION	Policy Type - Mobile Home	Check the box (if applicable): Indicates the type of policy is mobile home.
IDENTIFICATION SECTION	Policy Type - Inland Marine	Check the box (if applicable): Indicates the type of policy is inland marine.
IDENTIFICATION SECTION	Policy Type - Dwelling Fire	Check the box (if applicable): Indicates the type of policy is dwelling fire.
IDENTIFICATION SECTION	Policy Type - Watercraft	Check the box (if applicable): Indicates the type of policy is watercraft.
IDENTIFICATION SECTION	Policy Type - Umbrella	Check the box (if applicable): Indicates the type of policy is umbrella.
IDENTIFICATION SECTION	Effective Date of Change	Enter date: The date on which the change should take effect.
IDENTIFICATION SECTION	Inception Date of Policy	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
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.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	NAIC #	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Attention	Enter text: The name of the individual at the insurance company that is the primary contact.
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	Direct Bill Policy	Check the box (if applicable): Indicates if the policy is to be direct billed.
IDENTIFICATION SECTION	Direct Bill Acct	Check the box (if applicable): Indicates if the account is to be direct billed.
IDENTIFICATION SECTION	Agency Bill	Check the box (if applicable): Indicates if the policy is to be producer/agency billed.
IDENTIFICATION SECTION	Payment Plan - Full Pay	Check the box (if applicable): Indicates a full payment will be made on the policy.
IDENTIFICATION SECTION	Payment Plan - Annual	Check the box (if applicable): Indicates the policy will be paid annually.
IDENTIFICATION SECTION	Payment Plan - Semi-Annual	Check the box (if applicable): Indicates the policy will be paid semi-annually.
IDENTIFICATION SECTION	Payment Plan - Other	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.
IDENTIFICATION SECTION	Payment Plan - Description	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.). As used here, only enter the description when "other" is selected.
IDENTIFICATION SECTION	Payment Plan - Quarterly	Check the box (if applicable): Indicates the policy will be paid quarterly.
IDENTIFICATION SECTION	Payment Plan - Bi-Monthly	Check the box (if applicable): Indicates the policy will be paid bi-monthly.
IDENTIFICATION SECTION	Payment Plan - Monthly	Check the box (if applicable): Indicates the policy will be paid monthly.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Payor - Insured	Check the box (if applicable): Indicates the payor of the policy is the insured.
IDENTIFICATION SECTION	Payor - Mortgagee	Check the box (if applicable): Indicates the payor of the policy is the mortgagee.
IDENTIFICATION SECTION	Payor - Other	Check the box (if applicable): Indicates the payor of the policy is other than those listed.
IDENTIFICATION SECTION	Payor - Description	Enter text: The description of the payor of the policy. As used here, only enter the description when "other" is selected.
IDENTIFICATION SECTION	Premium Financed ?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the premium has been financed.
IDENTIFICATION SECTION	Finance Company	Enter text: The name of the company financing the premium, if applicable.
IDENTIFICATION SECTION	Payment Method - Cash	Check the box (if applicable): Indicates the invoice will be paid in cash.
IDENTIFICATION SECTION	Payment Method - Check	Check the box (if applicable): Indicates the invoice will be paid by check.
IDENTIFICATION SECTION	Payment Method - Credit Card	Check the box (if applicable): Indicates the invoice will be paid by credit card.
IDENTIFICATION SECTION	Payment Method - EFT	Check the box (if applicable): Indicates the invoice will be paid using electronic funds transfer (EFT).
IDENTIFICATION SECTION	Payment Method - Payroll Deduction	Check the box (if applicable): Indicates the invoice will be paid by payroll deduction.
IDENTIFICATION SECTION	Payment Method - Pre-Authorized Draft/Check (PAC)	Check the box (if applicable): Indicates the invoice will be paid by a pre-authorized check or draft.
IDENTIFICATION SECTION	Payment Method - Other	Check the box (if applicable): Indicates the invoice will be paid by a means other than those listed.
IDENTIFICATION SECTION	Payment Method - Describe	Enter text: The method the invoice will be paid. As used here, only enter the description when "other" is selected.

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Dwelling Limit	Enter limit: The limit associated with dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Dwelling Premium	Enter amount: The premium associated with dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Other Structures Limit	Enter limit: The limit associated with other structures coverage.
COVERAGES / LIMITS OF LIABILITY	Other Structures Premium	Enter amount: The premium associated with other structures coverage.

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Personal Property Limit	Enter limit: The limit associated with personal property coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Property Premiums	Enter amount: The premium associated with personal property coverage.
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Actual Loss Sustained (checkbox)	Check the box (if applicable): Indicates actual loss sustained loss of use coverage is included.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Limit	Enter limit: The limit associated with loss of use coverage.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Premiums	Enter amount: The premium associated with loss of use coverage.

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Blanket Limit	Enter limit: The limit associated with blanket coverage which includes dwelling, other structures, personal property, and loss of use).
COVERAGES / LIMITS OF LIABILITY	Blanket Premium	Enter amount: The premium associated with blanket coverage.
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Actual Loss Sustained (checkbox)	Check the box (if applicable): Indicates the coverage is Actual Loss Sustained.
COVERAGES / LIMITS OF LIABILITY	Rental Value Limit	Enter limit: The limit associated with rental value (dwelling fire only) coverage.
COVERAGES / LIMITS OF LIABILITY	Rental Value Premium	Enter amount: The premium associated with rental value (dwelling fire only) coverage.

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Additional Expense Limit	Enter limit: The limit associated with additional expense coverage.
COVERAGES / LIMITS OF LIABILITY	Additional Expense Premium	Enter amount: The premium associated with additional expense coverage.
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Personal Liability Each Occurrence Limit	Enter limit: The limit associated with personal liability each occurrence coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Liability Each Occurrence Premium	Enter amount: The premium associated with personal liability coverage.

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
COVERAGES / LIMITS OF LIABILITY	Medical Payments Each Person Limit	Enter limit: The limit associated with medical payments each person coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Each Person Premium	Enter amount: The premium associated with medical payments coverage.
COVERAGES / LIMITS OF LIABILITY	Type of Change	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).
DEDUCTIBLES	Base Type	Enter code: The deductible type (e.g. flat, percentage) for the base deductible.
DEDUCTIBLES	Base Amount	Enter deductible: The base deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Base Percentage	Enter percentage: The base percentage deductible if the deductible is expressed as a percentage.

Section Name	Field Name	Field and/or Section Description
		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).
DEDUCTIBLES	Type of Change	
DEDUCTIBLES	Wind Type	Enter code: The deductible type (e.g. flat, percentage) for the wind/hail deductible.
DEDUCTIBLES	Wind Amount	Enter deductible: The wind/hail deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Wind Percentage	Enter percentage: The wind/hail percentage deductible if the deductible is expressed as a percentage.
		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).
DEDUCTIBLES	Type of Change	
DEDUCTIBLES	Theft Type	Enter code: The deductible type (e.g. flat, percentage) for the theft deductible.
DEDUCTIBLES	Theft Amount	Enter deductible: The theft deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Theft Percentage	Enter percentage: The theft percentage deductible if the deductible is expressed as a percentage.

Section Name	Field Name	Field and/or Section Description
DEDUCTIBLES	Type of Change	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).
DEDUCTIBLES	Named Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the named hurricane deductible.
DEDUCTIBLES	Named Hurricane Amount	Enter deductible: The named hurricane deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Named Hurricane Percentage	Enter percentage: The named hurricane percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Type of Change	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).
DEDUCTIBLES	Annual Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the annual hurricane deductible.
DEDUCTIBLES	Annual Hurricane Amount	Enter deductible: The annual hurricane deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Annual Hurricane Percentage	Enter percentage: The annual hurricane percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.

Section Name	Field Name	Field and/or Section Description
		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).
DEDUCTIBLES	Type of Change	
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.
		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).
DEDUCTIBLES	Type of Change	
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.

Section Name	Field Name	Field and/or Section Description
		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).
DEDUCTIBLES	Type of Change	
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.
		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).
DEDUCTIBLES	Type of Change	
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.

Section Name	Field Name	Field and/or Section Description
		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).
DEDUCTIBLES	Type of Change	
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - # Premises	Enter number: The number of premises covered by the additional premises liability extension. This is used when you don't have the full detail about the individual locations.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension Form Number	Enter identifier: The form number used by the company for additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Form Date	Enter date: The edition date of the form used by the company for additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Premium	Enter amount: The premium associated with additional premises liability extension.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Loc #	Enter number: The producer assigned location number for the premises covered by additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Terr	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Form Number	Enter identifier: The form number used by the company for additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Form Date	Enter date: The edition date of the form used by the company for additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Premium	Enter amount: The premium associated with additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Loc #	Enter number: The producer assigned location number for the premises covered by additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Terr	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Form Number	Enter identifier: The form number used by the company for additional premises liability extension.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Form Date	Enter date: The edition date of the form used by the company for additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Premium	Enter amount: The premium associated with additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Loc #	Enter number: The producer assigned location number for the premises covered by additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Terr	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Form Number	Enter identifier: The form number used by the company for additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Form Date	Enter date: The edition date of the form used by the company for additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - Premium	Enter amount: The premium associated with additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - # of Premises	Enter number: The number of premises covered by the additional residence rented to others. This is used when you don't have the full detail about the individual locations.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Med Pay	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Form Number	Enter identifier: The form number used by the company for additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Form Date	Enter date: The edition date of the form used by the company for additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Premium	Enter amount: The premium for additional residence rented to others coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Loc #	Enter number: The producer assigned location number for the premises covered by additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others- Terr	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - # Families	Enter number: The number of families of the additional residence rented to others .
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Med Pay	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Form Number	Enter identifier: The form number used by the company for additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Form Date	Enter date: The edition date of the form used by the company for additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Premium	Enter amount: The premium for additional residence rented to others coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Loc #	Enter number: The producer assigned location number for the premises covered by additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others- Terr	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - # Families	Enter number: The number of families of the additional residence rented to others .
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Med Pay	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Form Number	Enter identifier: The form number used by the company for additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Form Date	Enter date: The edition date of the form used by the company for additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Premium	Enter amount: The premium for additional residence rented to others coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Loc #	Enter number: The producer assigned location number for the premises covered by additional residence rented to others.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others- Terr	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - # Families	Enter number: The number of families of the additional residence rented to others .
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Med Pay	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Form Number	Enter identifier: The form number used by the company for additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Form Date	Enter date: The edition date of the form used by the company for additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Residence Rented To Others - Premium	Enter amount: The premium for additional residence rented to others coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Theft of building Materials - Included	Check the box (if applicable): Indicates the builders risk theft of building materials coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Theft of building Materials - Form Number	Enter identifier: The form number used by the company for builders risk theft of building materials.
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Theft of building Materials - Form Date	Enter date: The edition date of the form used by the company for builders risk theft of building materials.
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Theft of building Materials - Premium	Enter amount: The premium for builders risk theft of building materials coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Collapse due to hydro-static pressure - Included	Check the box (if applicable): Indicates the builders risk collapse due to hydro-static pressure coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Collapse due to hydro-static pressure - Form Number	Enter identifier: The form number used by the company for builders risk collapse due to hydro-static pressure.
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Collapse due to hydro-static pressure - Form Date	Enter date: The edition date of the form used by the company for builders risk collapse due to hydro-static pressure.
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Collapse due to hydro-static pressure - Premium	Enter amount: The premium for builders risk collapse due to hydro-static pressure.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Aggregate Limit	Enter limit: The aggregate limit for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Increase Limit	Enter limit: The increased limit for building ordinance or law coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Included	Check the box (if applicable): Indicates the building ordinance or law coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Rebuild Percentage	Enter percentage: The rebuild percentage for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Form Number	Enter identifier: The form number used by the company for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Form Date	Enter date: The edition date of the form used by the company for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Premium	Enter amount: The premium for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property At Home - Included	Check the box (if applicable): Indicates the business property at home coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property At Home - Limit	Enter limit: The limit for business property at home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property At Home - Form Number	Enter identifier: The form number used by the company for business property at home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property At Home - Form Date	Enter date: The edition date of the form used by the company for business property at home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property At Home - Premium	Enter amount: The premium for business property at home coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property Away From Home - Included	Check the box (if applicable): Indicates the business property away from home coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property Away From Home - Limit	Enter limit: The limit for business property away from home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property Away From Home - Form Number	Enter identifier: The form number used by the company for business property away from home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property Away From Home - Form Date	Enter date: The edition date of the form used by the company for business property away from home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property Away From Home - Premium	Enter amount: The premium for business property away from home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal - Included	Check the box (if applicable): Indicates the debris removal coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal - Limit	Enter limit: The limit for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal - Form Number	Enter identifier: The form number used by the company for debris removal coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal - Form Date	Enter date: The edition date of the form used by the company for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal - Premium	Enter amount: The premium for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - % Ded	Enter percentage: The percentage deductible for earthquake coverage if the deductible is expressed as a percentage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Deductible Amount	Enter deductible: The deductible amount for earthquake coverage if the deductible is expressed in dollars.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Zone	Enter code: The earthquake zone (territory) associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Retrofit Type	Enter text: The type of earthquake retrofit for the residence.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - % Masonry Veneer	Enter percentage: The percentage of construction that is masonry veneer.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Form Number	Enter identifier: The form number used by the company for earthquake coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Form Date	Enter date: The edition date of the form used by the company for earthquake coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Premium	Enter amount: The premium for earthquake coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Employers Liability Limit	Enter limit: The limit amount for employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Employers Liability - # of Employees	Enter number: The number of employees associated with employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Employers Liability - Form Number	Enter identifier: The form number used by the company for employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Employers Liability - Form Date	Enter date: The edition date of the form used by the company for employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Employers Liability - Premium	Enter amount: The premium for employers liability coverage.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)		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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Equipment Breakdown - Included	Check the box (if applicable): Indicates the equipment breakdown coverage is included. As used here, not applicable in North Carolina.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Equipment Breakdown - Deductible Amount	Enter deductible: The deductible associated with equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Equipment Breakdown - Limit	Enter limit: The limit associated with equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Equipment Breakdown - Form Number	Enter identifier: The form number used by the company for equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Equipment Breakdown - Form Date	Enter date: The edition date of the form used by the company for equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Equipment Breakdown - Premium	Enter amount: The premium for equipment breakdown coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fire Dept Service Charge - Included	Check the box (if applicable): Indicates the fire department service charge coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fire Dept Service Charge - Form Number	Enter identifier: The form number used by the company for fire department surcharge coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fire Dept Service Charge - Form Date	Enter date: The edition date of the form used by the company for fire department surcharge coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fire Dept Service Charge - Premium	Enter amount: The premium for fire department surcharge coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Flood - Building Limit	Enter limit: The building limit for flood coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Flood - Contents Limit	Enter limit: The contents limit for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Flood - Form Number	Enter identifier: The form number used by the company for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Flood - Form Date	Enter date: The edition date of the form used by the company for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Flood - Premium	Enter amount: The premium for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fungus and Mold - Excl Liability	Check the box (if applicable): Indicates that liability is excluded from fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fungus and Mold - Excl Prop Damage	Check the box (if applicable): Indicates that property damage is excluded from fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fungus and Mold - Property	Enter limit: The property limit for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fungus and Mold - Liability	Enter limit: The liability limit for fungus and mold coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fungus and Mold - Form Number	Enter identifier: The form number used by the company for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fungus and Mold - Form Date	Enter date: The edition date of the form used by the company for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Fungus and Mold - Premium	Enter amount: The premium for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts Liability - Included	Check the box (if applicable): Indicates the golf cart liability coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts Liability - # of Golf Carts	Enter number: The number of golf carts to be covered.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts Liability - Description	Enter text: The description of the golf carts.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts Liability - Form Number	Enter identifier: The form number used by the company for golf cart liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts Liability - Form Date	Enter date: The edition date of the form used by the company for golf cart liability coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts Liability - Premium	Enter amount: The premium for golf cart liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts - Physical Damage - Limit	Enter limit: The limit for golf cart physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts - Physical Damage - Form Number	Enter identifier: The form number used by the company for golf cart physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts - Physical Damage - Form Date	Enter date: The edition date of the form used by the company for golf cart physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Golf Carts - Physical Damage - Premium	Enter amount: The premium for golf cart physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Identity Fraud Expense - Included	Check the box (if applicable): Indicates identity fraud expense coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Identity Fraud Expense - Form Number	Enter identifier: The form number used by the company for identity fraud expense coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Identity Fraud Expense - Form Date	Enter date: The edition date of the form used by the company for identity fraud expense.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Identity Fraud Expense - Premium	Enter amount: The premium for identity fraud expense coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Incidentals Farming Pers Liab - Medical Payments	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments is included in the incidental farming personal liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Incidentals Farming Pers Liab - Form Number	Enter identifier: The form number used by the company for incidental farming coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Incidentals Farming Pers Liab - Form Date	Enter date: The edition date of the form used by the company for incidental farming coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Incidentals Farming Pers Liab - Premium	Enter amount: The premium for incidental farming coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In and Out Of Vehicle - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In and Out Of Vehicle - Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In and Out Of Vehicle - Form Number	Enter identifier: The form number used by the company for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In and Out Of Vehicle - Form Date	Enter date: The edition date of the form used by the company for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In and Out Of Vehicle - Premium	Enter amount: The premium for increased coverage c special liability limit - electronic apparatus in and out of vehicle.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In Vehicle - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In Vehicle - Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In Vehicle - Form Number	Enter identifier: The form number used by the company for increased coverage c special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In Vehicle - Form Date	Enter date: The edition date of the form used by the company for increased coverage c special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability Limits - Electrical Apparatus In Vehicle - Premium	Enter amount: The premium for increased coverage c special liability limit - electronic apparatus in vehicle.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Guns - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Guns - Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Guns - Form Number	Enter identifier: The form number used by the company for increased coverage c special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Guns - Form Date	Enter date: The edition date of the form used by the company for increased coverage c special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Guns - Premium	Enter amount: The premium for increased coverage c special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Money - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Money- Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Money- Form Number	Enter identifier: The form number used by the company for increased coverage c special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Money- Form Date	Enter date: The edition date of the form used by the company for increased coverage c special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Money- Premium	Enter amount: The premium for increased coverage c special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Securities - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - securities.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Securities - Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - securities.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Securities- Form Number	Enter identifier: The form number used by the company for increased coverage c special liability limit - securities.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Securities- Form Date	Enter date: The edition date of the form used by the company for increased coverage c special liability limit - securities.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Securities- Premium	Enter amount: The premium for increased coverage c special liability limit - securities.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Silverware - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - silverware.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Silverware - Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - silverware.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Silverware - Form Number	Enter identifier: The form number used by the company for increased coverage c special liability limit -silverware.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Silverware - Form Date	Enter date: The edition date of the form used by the company for increased coverage c special liability limit -silverware.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Increased Cov C Special Liability - Silverware - Premium	Enter amount: The premium for increased coverage c special liability limit -silverware.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Inflation Guard - Percentage Increase	Enter percentage: The increase percentage for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Inflation Guard - Form Number	Enter identifier: The form number used by the company for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Inflation Guard Form Date	Enter date: The edition date of the form used by the company for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Inflation Guard Premium	Enter amount: The premium for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Loss Assessment - Limit	Enter limit: The limit amount for loss assessment coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Loss Assessment - Form Number	Enter identifier: The form number used by the company for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Loss Assessment - Form Date	Enter date: The edition date of the form used by the company for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Loss Assessment - Premium	Enter amount: The premium for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Mine Subsidence - Limit	Enter limit: The limit for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Mine Subsidence - Const Material	Enter code: The type of construction material.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Mine Subsidence - Property Desc	Enter text: The description of the property.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Mine Subsidence - Form Number	Enter identifier: The form number used by the company for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Mine Subsidence - Form Date	Enter date: The edition date of the form used by the company for mine subsidence coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Mine Subsidence - Premium	Enter amount: The premium for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Requires Incr Contents	Check the box (if applicable): Indicates that increased contents is required for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Incr Cont Not Required	Check the box (if applicable): Indicates that increased contents is not required for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Other Structures	Enter limit: The other structures limit for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Territory	Enter code: The territory for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Structure Type	Enter code: The type of structure for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Med Pay	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments is included in the office, professional private school, studio - residence premises coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Business/Structure Description	Enter text: The description of the business or structure for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Form Number	Enter identifier: The form number used by the company for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Form Date	Enter date: The edition date of the form used by the company for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Office, Professional Private School, Studio - Residence Premises - Premium	Enter amount: The premium for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Other Structures - Individual Structure - Limit	Enter limit: The limit for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Other Structures - Individual Structure - Structure Desc	Enter text: The description of the individual structure for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Other Structures - Individual Structure - Form Number	Enter identifier: The form number used by the company for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Other Structures - Individual Structure - Form Date	Enter date: The edition date of the form used by the company for other structures - individual structure coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Other Structures - Individual Structure - Premium	Enter amount: The premium for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Plants, Shrubs & Trees - Included	Check the box (if applicable): Indicates that plants, shrubs and trees coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Plants, Shrubs & Trees - Limit	Enter limit: The limit for plants, shrubs and trees coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Plants, Shrubs & Trees - Form Number	Enter identifier: The form number used by the company for plants, shrubs and trees coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Plants, Shrubs & Trees - Form Date	Enter date: The edition date of the form used by the company for plants, shrubs and trees coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Plants, Shrubs & Trees - Premium	Enter amount: The premium for plants, shrubs and trees coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Refrigerated Food Products - Included	Check the box (if applicable): Indicates that refrigerated food products coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Refrigerated Food Products - Limit	Enter amount: The limit for refrigerated food products coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Refrigerated Food Products - Form Number	Enter identifier: The form number used by the company for refrigerated food products coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Refrigerated Food Products - Form Date	Enter date: The edition date of the form used by the company for refrigerated food products coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Refrigerated Food Products - Premium	Enter amount: The premium for refrigerated food products coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Contents - Included	Check the box (if applicable): Indicates that replacement cost - contents coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Contents - Form Number	Enter identifier: The form number used by the company for replacement cost - contents coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Contents - Form Date	Enter date: The edition date of the form used by the company for replacement cost - contents coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Contents - Premium	Enter amount: The premium for replacement cost - contents coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Dwelling - Included	Check the box (if applicable): Indicates that replacement cost - dwelling coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Dwelling - Form Number	Enter identifier: The form number used by the company for replacement cost - dwelling coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Dwelling - Form Date	Enter date: The edition date of the form used by the company for replacement cost - dwelling coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Dwelling - Premium	Enter amount: The premium for replacement cost - dwelling coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Full Value - Included	Check the box (if applicable): Indicates that replacement cost full value coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Full Value Cost - Max %	Enter percentage: The maximum percentage of increased replacement cost selected in accordance with the company rules.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Full Value - Form Number	Enter identifier: The form number used by the company for full value replacement cost coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Full Value - Form Date	Enter date: The edition date of the form used by the company for full value replacement cost coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Replacement Cost - Full Value - Premium	Enter amount: The premium for full value replacement cost coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Sink Hole Collapse - Included	Check the box (if applicable): Indicates sink hole collapse coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Sink Hole Collapse - Form Number	Enter identifier: The form number used by the company for sink hole collapse.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Sink Hole Collapse - Form Date	Enter date: The edition date of the form used by the company for sink hole collapse.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Sink Hole Collapse - Premium	Enter amount: The premium for sink hole collapse.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unit-Owners Additions & Alterations Special Coverage - Included	Check the box (if applicable): Indicates unit owners additions and alterations special coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unit-Owners Additions & Alterations Special Coverage - Limit	Enter limit: The limit for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unit-Owners Additions & Alterations Special Coverage - Form Number	Enter identifier: The form number used by the company for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unit-Owners Additions & Alterations Special Coverage - Form Date	Enter date: The edition date of the form used by the company for unit owners additions and alterations special coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unit-Owners Additions & Alterations Special Coverage - Premium	Enter amount: The premium for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unscheduled Jewelry, Watches, Furs - Aggregate	Enter limit: The aggregate limit for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unscheduled Jewelry, Watches, Furs - Increased	Enter limit: The increased limit for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unscheduled Jewelry, Watches, Furs - Form Number	Enter identifier: The form number used by the company for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unscheduled Jewelry, Watches, Furs - Form Date	Enter date: The edition date of the form used by the company for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Unscheduled Jewelry, Watches, Furs - Premium	Enter amount: The premium for unscheduled jewelry, watches and furs coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Water Backup of Sewers & Drains - Included	Check the box (if applicable): Indicates water backup of sewers and drains coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Water Backup of Sewers & Drains - Limit	Enter limit: The limit for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Water Backup of Sewers & Drains - Form Number	Enter identifier: The form number used by the company for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Water Backup of Sewers & Drains - Form Date	Enter date: The edition date of the form used by the company for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Water Backup of Sewers & Drains - Premium	Enter amount: The premium for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Watercraft Liability - Limit	Enter limit: The limit for watercraft liability coverage if you are not using a Watercraft application.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Watercraft Liability - Form Number	Enter identifier: The form number used by the company for watercraft liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Watercraft Liability - Form Date	Enter date: The edition date of the form used by the company for watercraft liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Watercraft Liability - Premium	Enter amount: The premium for watercraft liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Watercraft Physical Damage Physical Damage - Limit	Enter limit: The limit for watercraft physical damage coverage if you are not using a Watercraft application.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Watercraft Physical Damage - Form Number	Enter identifier: The form number used by the company for watercraft physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Watercraft Physical Damage - Form Date	Enter date: The edition date of the form used by the company for watercraft physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Watercraft Physical Damage - Premium	Enter amount: The premium for watercraft physical damage coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Windstorm Exclusion - Yes	Check the box (if applicable): Indicates that windstorm exclusion applies.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Windstorm Exclusion - Form Number	Enter identifier: The form number used by the company for windstorm exclusion.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Windstorm Exclusion - Form Date	Enter date: The edition date of the form used by the company for windstorm exclusion.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Windstorm Exclusion - Premium	Enter amount: The premium for windstorm exclusion.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Full Time Inservant - # of Employees	Enter number: The number of employees associated with workers compensation full time In Servant coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Full Time Inservant - Form Number	Enter identifier: The form number used by the company for workers compensation full time In Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Full Time Inservant - Form Date	Enter date: The edition date of the form used by the company for workers compensation full time In Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Full Time Inservant - Premium	Enter amount: The premium for workers compensation full time In Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Incidental - # of Employees	Enter number: The number of employees associated with workers compensation incidental coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Incidental - Form Number	Enter identifier: The form number used by the company for workers compensation incidental coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Incidental - Form Date	Enter date: The edition date of the form used by the company for workers compensation incidental coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Incidental - Premium	Enter amount: The premium for workers compensation incidental coverage.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type of Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Part Time Outservant - # of Employees	Enter number: The number of employees associated with workers compensation part time Out Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Part Time Outservant - Form Number	Enter identifier: The form number used by the company for workers compensation part time Out Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Part Time Outservant - Form Date	Enter date: The edition date of the form used by the company for workers compensation part time Out Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Workers Compensation - Part Time Outservant - Premium	Enter amount: The premium for workers compensation part time Out Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Coverage Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Coverage Code	Enter code: The code associated with the type of coverage being requested.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Type Change	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).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Limit 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Applies To 1	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Applies To 2	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Coverage - Form Number	Enter identifier: The form number used by the company for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Coverage - Form Date	Enter date: The edition date of the form used by the company for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS (continued)	Coverage - Premium	Enter amount: The premium for the coverage.
RATING / UNDERWRITING	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
RATING / UNDERWRITING	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
RATING / UNDERWRITING	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
RATING / UNDERWRITING	Construction - Masonry Veneer	Check the box (if applicable): Indicates the construction of the structure is masonry veneer.
RATING / UNDERWRITING	Construction - Percent Masonry Veneer	Enter percentage: The percentage of the structure that is masonry veneer.
RATING / UNDERWRITING	Construction - Fire Resistive	Check the box (if applicable): Indicates the construction of the structure is fire resistive.
RATING / UNDERWRITING	Construction - Percent Fire Resistive	Enter percentage: The percentage of the structure that is fire resistive.
RATING / UNDERWRITING	Construction - Frame	Check the box (if applicable): Indicates the construction of the structure is frame.
RATING / UNDERWRITING	Construction - Percent Frame	Enter percentage: The percentage of the structure that is frame.
RATING / UNDERWRITING	Construction - Masonry	Check the box (if applicable): Indicates the construction of the structure is masonry.
RATING / UNDERWRITING	Construction - Percent Masonry	Enter percentage: The percentage of the structure that is masonry.
RATING / UNDERWRITING	Construction - MFG Home	Check the box (if applicable): Indicates the construction of the structure is a manufactured home.
RATING / UNDERWRITING	Construction - Percent Manufactured	Enter percentage: The percentage of the structure that is manufactured.
RATING / UNDERWRITING	Construction - Steel	Check the box (if applicable): Indicates the construction of the structure is steel.
RATING / UNDERWRITING	Construction - Percent Steel	Enter percentage: The percentage of the structure that is steel.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Construction - Poured Concrete	Check the box (if applicable): Indicates the construction of the structure is poured concrete.
RATING / UNDERWRITING	Construction - Percent Poured Concrete	Enter percentage: The percentage of the structure that is poured concrete.
RATING / UNDERWRITING	Construction - Log	Check the box (if applicable): Indicates the construction of the structure is log.
RATING / UNDERWRITING	Construction - Percent Log	Enter percentage: The percentage of the structure that is log.
RATING / UNDERWRITING	Construction - Other	Check the box (if applicable): Indicates the construction of the structure is other than those listed.
RATING / UNDERWRITING	Construction - Other Description	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 As used here, this is the construction type of the structure other than those listed.
RATING / UNDERWRITING	Construction - Percent Other	Enter percentage: The percentage of the structure that is other than those types listed.
RATING / UNDERWRITING	Siding Type - Aluminum Siding	Check the box (if applicable): Indicates the siding on the structure is aluminum.
RATING / UNDERWRITING	Siding Type - Percent Aluminum Siding	Enter percentage: The percentage of the structure that is sided in aluminum.
RATING / UNDERWRITING	Siding Type - Stucco	Check the box (if applicable): Indicates the siding on the structure is stucco.
RATING / UNDERWRITING	Siding Type - Percent Stucco	Enter percentage: The percentage of the structure that is sided in stucco.
RATING / UNDERWRITING	Siding Type - Vinyl Siding/Plastic	Check the box (if applicable): Indicates the siding on the structure is vinyl or plastic.
RATING / UNDERWRITING	Siding Type - Percent Vinyl Siding/Plastic	Enter percentage: The percentage of the structure that is sided in vinyl or plastic.
RATING / UNDERWRITING	Siding Type - Cedar Wood Shingle	Check the box (if applicable): Indicates the siding on the structure is cedar or wood shingle.
RATING / UNDERWRITING	Siding Type - Percent Cedar Wood Shingle	Enter percentage: The percentage of the structure that is sided in cedar or wood shingle.
RATING / UNDERWRITING	Siding Type - EIFSCB (on Cinder Block)	Check the box (if applicable): Indicates the siding on the structure is exterior insulation and finishing system on cinder block (EIFSCB).
RATING / UNDERWRITING	Siding Type - Percent EIFSCB (on Cinder Block)	Enter percentage: The percentage of the structure that is sided in exterior insulation and finishing system on cinder block (EIFSCB)

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Siding Type - EIFSS (on Studs)	Check the box (if applicable): Indicates the siding on the structure is exterior insulation and finishing system on studs (EIFSS).
RATING / UNDERWRITING	Siding Type - Percent EIFSS (on Studs)	Enter percentage: The percentage of the structure that is sided in exterior insulation and finishing system on studs (EIFSS).
RATING / UNDERWRITING	Siding Type - Other	Check the box (if applicable): Indicates the siding on the structure is other than those listed.
RATING / UNDERWRITING	Siding Type - Other Description	Enter text: The type of siding on the structure.
RATING / UNDERWRITING	Siding Type - Percent Other Siding	Enter percentage: The percentage of the structure that is sided in other than the those types listed.
RATING / UNDERWRITING	Siding Type - Year EIFS Installed	Enter year: The year the EIFS (exterior insulation and finishing system) was installed.
RATING / UNDERWRITING	Course of Construction - Builders Risk	Check the box (if applicable): Indicates the structure is new construction (builders risk).
RATING / UNDERWRITING	Course of Construction - Renovation	Check the box (if applicable): Indicates the structure is being renovated.
RATING / UNDERWRITING	Course of Construction - Reconstruction	Check the box (if applicable): Indicates the structure is being reconstructed.
RATING / UNDERWRITING	Usage Type - Primary	Check the box (if applicable): Indicates that this is the primary residence.
RATING / UNDERWRITING	Usage Type - Secondary	Check the box (if applicable): Indicates that this is a secondary residence.
RATING / UNDERWRITING	Usage Type - Seasonal	Check the box (if applicable): Indicates that this is a seasonal residence.
RATING / UNDERWRITING	Usage Type - Farm	Check the box (if applicable): Indicates the residence is a farm.
RATING / UNDERWRITING	Usage Type - Other	Check the box (if applicable): Indicates the usage of the residence is other than those listed.
RATING / UNDERWRITING	Usage Type - Other Description	Enter text: The description of the usage of the residence.
RATING / UNDERWRITING	Occupancy - Owner	Check the box (if applicable): Indicates the residence is occupied by the owner.
RATING / UNDERWRITING	Occupancy - Tenant	Check the box (if applicable): Indicates the residence is occupied by tenants.
RATING / UNDERWRITING	Occupancy - Unoccupied	Check the box (if applicable): Indicates the residence is unoccupied.
RATING / UNDERWRITING	Occupancy - Vacant	Check the box (if applicable): Indicates the residence is vacant.
RATING / UNDERWRITING	Occupancy - Other	Check the box (if applicable): Indicates the residence is occupied by other than those listed.
RATING / UNDERWRITING	Occupancy - Other Description	Enter text: The description of the inhabitants of the residence.
RATING / UNDERWRITING	Housekeeping Condition - Excellent	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is excellent.
RATING / UNDERWRITING	Housekeeping Condition - Good	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is good.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Housekeeping Condition - Average	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is average.
RATING / UNDERWRITING	Housekeeping Condition - Below Average	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is below average.
RATING / UNDERWRITING	Distance To Tidal Water	Enter number: The distance to the nearest tidal water.
RATING / UNDERWRITING	Distance To Tidal Water Miles	Check the box (if applicable): Indicates the distance to tidal water entered is in miles.
RATING / UNDERWRITING	Distance To Tidal Water Feet	Check the box (if applicable): Indicates the distance to tidal water entered is in feet.
RATING / UNDERWRITING	Purchase Price	Enter amount: The purchase price of the residence.
RATING / UNDERWRITING	Purchase Date	Enter date: The date the residence was purchased, (MM/DD/YYYY).
RATING / UNDERWRITING	Wiring - Copper	Check the box (if applicable): Indicates the residence has copper wiring.
RATING / UNDERWRITING	Wiring - Aluminum	Check the box (if applicable): Indicates the residence has aluminum wiring.
RATING / UNDERWRITING	Wiring - Knob & Tube	Check the box (if applicable): Indicates the residence has knob and tube wiring.
RATING / UNDERWRITING	Wiring - Last Inspected Date	Enter date: The date the wiring was last inspected.
RATING / UNDERWRITING	Protection Device Type - Central/Smoke	Check the box (if applicable): Indicates the smoke alarm notifies an outside service that in turn reports to the appropriate police or fire station.
RATING / UNDERWRITING	Protection Device Type - Central/Temp	Check the box (if applicable): Indicates the temperature alarm reports to an outside service that in turn reports to the appropriate police or fire station.
RATING / UNDERWRITING	Protection Device Type - Central/Burglar	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
RATING / UNDERWRITING	Protection Device Type - Direct/Smoke	Check the box (if applicable): Indicates the smoke alarm reports directly to the appropriate fire station.
RATING / UNDERWRITING	Protection Device Type - Direct/Temp	Check the box (if applicable): Indicates the temperature alarm reports directly to the appropriate fire station.
RATING / UNDERWRITING	Protection Device Type - Direct/Burglar	Check the box (if applicable): Indicates the burglar alarm reports directly to the appropriate police station.
RATING / UNDERWRITING	Protection Device Type - Local/Smoke	Check the box (if applicable): Indicates that the smoke alarm sounds or appears on the premises.
RATING / UNDERWRITING	Protection Device Type - Local/Temp	Check the box (if applicable): Indicates the temperature alarm sounds or appears on the premises.
RATING / UNDERWRITING	Protection Device Type - Local/Burglar	Check the box (if applicable): Indicates the burglar alarm sounds or appears outside the premises.
RATING / UNDERWRITING	Door Lock - Deadbolt	Check the box (if applicable): Indicates that all exterior entry doors are fitted with deadbolt locks.
RATING / UNDERWRITING	Door Lock - Spring	Check the box (if applicable): Indicates that all exterior entry doors are fitted with spring locks.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Door Lock - Other	Check the box (if applicable): Indicates that all exterior entry doors are fitted with locks other than those listed.
RATING / UNDERWRITING	Door Lock - Description	Enter text: The type of locks on exterior entry doors.
RATING / UNDERWRITING	Sprinkler - Partial	Check the box (if applicable): Indicates the building is equipped with a partial fire sprinkler system.
RATING / UNDERWRITING	Sprinkler - Full	Check the box (if applicable): Indicates the building is equipped with a full fire sprinkler system.
RATING / UNDERWRITING	Fire Extinguisher	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the residence is equipped with fire extinguisher(s).
RATING / UNDERWRITING	Distance to Hydrant	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
RATING / UNDERWRITING	Distance to Fire Station	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
RATING / UNDERWRITING	# of Fire Divisions	Enter number: The number of fire divisions in the building.
RATING / UNDERWRITING	# Units Fire Div	Enter number: The number of units within a fire division.
RATING / UNDERWRITING	Territory	Enter code: The industry or company specific code that identifies the rating territory for this item. The source of this code is individual insurer, Insurance Services Office or State Insurance Department manuals.
RATING / UNDERWRITING	Fire Premium Group	Enter identifier: The fire premium group used to determine the applicable rate based upon the dwelling's location, construction, and fire protection code.
RATING / UNDERWRITING	Pers Liab Terr	Enter code: The personal liability territory code unique to owners, landlords and tenants needed for liability coverage.
RATING / UNDERWRITING	EC Prem Group	Enter identifier: The premium group for extended coverage.
RATING / UNDERWRITING	Prot Class	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.
RATING / UNDERWRITING	Fire/EC Rate	Enter rate: The Fire and extended coverage rate used to develop a rate for additional coverage of hazards or risks.
RATING / UNDERWRITING	Fire District Name	Enter text: The property's fire district name.
RATING / UNDERWRITING	Fire District Code	Enter code: The property's fire district code number which can be found in the individual states manual pages.
RATING / UNDERWRITING	Electrical System Circuit Breakers	Check the box (if applicable): Indicates the electrical panel uses circuit breakers.
RATING / UNDERWRITING	Electrical System Fuses	Check the box (if applicable): Indicates the electrical panel uses fuses.
RATING / UNDERWRITING	Number of Amps	Enter number: The electrical capacity of the wiring in amperes (amps).

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Date Heating System Last Serviced	Enter date: The date (MM/DD/YYYY) the heating system was last serviced.
RATING / UNDERWRITING	Primary Heat	Enter text: The primary type of fuel/power used for heating.
RATING / UNDERWRITING	Primary Heat - None	Check the box (if applicable): Indicates the residence has no primary heat source.
RATING / UNDERWRITING	Secondary:	Enter text: The secondary type of fuel/power used for heating.
RATING / UNDERWRITING	None	Check the box (if applicable): Indicates the residence has no secondary heat source.
RATING / UNDERWRITING	Security - Visible from road	Check the box (if applicable): Indicates the structure is visible from the road.
RATING / UNDERWRITING	Security - Visible to neighbors	Check the box (if applicable): Indicates the structure is visible from another dwelling that is occupied during the day.
RATING / UNDERWRITING	Security - Occupied Daily	Check the box (if applicable): Indicates the residence usually has an adult home during the day.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Year Built	Enter year: The year the structure was built (YYYY).
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Market Value	Enter amount: The current market value for which the residence could be sold.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Replacement Cost	Enter amount: The estimated total dollar amount required to rebuild the residence without depreciation.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Total Living Area Sq Ft	Enter number: The residence's total square footage of living area (excluding basements).
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Basement Area	Enter number: The residence's total square footage of the basement.

Section Name	Field Name	Field and/or Section Description
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Garage	Enter number: The residence's total square footage of the garage.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Breezeway	Enter number: The residence's total square footage of the breezeway.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fireplaces - Chimneys	Enter number: The total number of outside and inside chimneys in the residence.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fireplaces - Hearths	Enter number: The total number of hearths in the residence.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fireplaces - Pre-Fab	Enter number: The total number of prefabricated fireplaces in the residence.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fireplaces - Wood stove insert	Enter number: The total number of wood stove inserts in the residence.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	# Rooms	Enter number: The total number of rooms in the residence, including full and half bathrooms.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	# Apartments	Enter number: The number of separate living units in structure.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	# Families	Enter number: The number of separate family units in the dwelling.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	# Household Residents	Enter number: The number of residents in the household.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	# Weeks Rented	Enter number: The number of weeks the residence is occupied or rented to others.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Tax Code	Enter code: The code which normally represents the location for which a surcharge is being applied (city, county or state).

Section Name	Field Name	Field and/or Section Description
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	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.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Building Code Grade - 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.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Rating Credits - Non-Smoker	Check the box (if applicable): Indicates that a non-smoking rating credit may apply to the location.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Rating Credits - Manned Security	Check the box (if applicable): Indicates that a manned security rating credit may apply to the location.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Rating Credits - Lighting Protection	Check the box (if applicable): Indicates that a lightning protection rating credit may apply to the location.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Rating Credits - Off Premises Theft Exclusion	Check the box (if applicable): Indicates that an off premises theft exclusion rating credit may apply to the location.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Rating Credits - Other	Check the box (if applicable): Indicates that other rating credits may apply to the location.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Rating Credits - Other Description	Enter text: The description of the other rating credits that may apply.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Dwelling	Check the box (if applicable): Indicates the type of residence being insured is a dwelling.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Apartment	Check the box (if applicable): Indicates the type of residence being insured is an apartment.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Condominium	Check the box (if applicable): Indicates the type of residence being insured is a condominium.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Townhouse	Check the box (if applicable): Indicates the type of residence being insured is a townhouse.

Section Name	Field Name	Field and/or Section Description
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Rowhouse	Check the box (if applicable): Indicates the type of residence being insured is a row house.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Co-Op	Check the box (if applicable): Indicates the type of residence being insured is a cooperative.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Mobile Home	Check the box (if applicable): Indicates the type of residence being insured is a mobile home.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Other	Check the box (if applicable): Indicates the type of residence being insured is other than those listed.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Residence Type - Other Description	Enter text: The description of the type of residence (e.g. apartment, condominium, etc.).
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Swimming Pool - None	Check the box (if applicable): Indicates there is no swimming pool on the premises.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Swimming Pool - Above ground	Check the box (if applicable): Indicates the swimming pool is above ground.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Swimming Pool - In-Ground	Check the box (if applicable): Indicates the swimming pool is in the ground.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Swimming Pool - Approved Fence	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Swimming Pool - Diving Board	Check the box (if applicable): Indicates the swimming pool has a diving board.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Swimming Pool - Slide	Check the box (if applicable): Indicates the swimming pool has a slide.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Swimming Pool - Other	Check the box (if applicable): Indicates there is additional information to describe the pool.

Section Name	Field Name	Field and/or Section Description
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Swimming Pool - Other Description	Enter text: The additional information to describe the swimming pool.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Dwelling Location - In City Limits	Check the box (if applicable): Indicates the residence is within the city limits.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Dwelling Location - In Fire District	Check the box (if applicable): Indicates the residence is within a fire district.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Dwelling Location - In Protected Suburb	Check the box (if applicable): Indicates the residence is within a protected suburb.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Dwelling Location - Other	Check the box (if applicable): Indicates the residence is other than those listed.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Dwelling Location - Other Description	Enter text: The description of the residence location.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Wind Class - Resistive	Check the box (if applicable): Indicates the wind class is resistive.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Wind Class - Semi-resistive	Check the box (if applicable): Indicates the wind class is semi-resistive.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Wind Class - Other	Check the box (if applicable): Indicates the wind class is other than those listed.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Wind Class - Other Description.	Enter text: The description of the wind class when "other" has been checked.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Rating - Class	Check the box (if applicable): Indicates the method of rating used for an HO-4 or HO-6 policy is class rating.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Rating - Specific	Check the box (if applicable): Indicates the method of rating used for an HO-4 or HO-6 policy is specific rating.

Section Name	Field Name	Field and/or Section Description
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Foundation - Open	Check the box (if applicable): Indicates the foundation of the structure is open.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Foundation - Closed	Check the box (if applicable): Indicates the foundation of the structure is closed.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Foundation - None	Check the box (if applicable): Indicates there is no foundation on the structure.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Storm Shutters - A	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind and debris.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Storm Shutters - B	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind only.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Other	Check the box (if applicable): Indicates the wind storm shutters are a class other than those listed.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Describe Other	Enter text: The description of the wind storm shutter class.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Hurricane Resistive Glass	Check the box (if applicable): Indicates the glass is resistive to hurricanes.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fuel Storage Tank - None	Check the box (if applicable): Indicates there is no fuel storage tank on the premises.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fuel Storage Tank - Indoors, Above ground masonry floor	Check the box (if applicable): Indicates the fuel storage tank is located indoors, above ground on a masonry floor.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fuel Storage Tank - Indoors, Above ground no masonry floor	Check the box (if applicable): Indicates the fuel storage tank is located indoors, above ground not on a masonry floor.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fuel Storage Tank - Outdoors, Above ground	Check the box (if applicable): Indicates the fuel storage tank is outdoors and above ground.

Section Name	Field Name	Field and/or Section Description
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fuel Storage Tank - Outdoors, Below ground	Check the box (if applicable): Indicates the fuel storage tank is outdoors and below ground.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fuel Line Location - Underground	Check the box (if applicable): Indicates the fuel line is underground.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Fuel Line Location - Through foundation	Check the box (if applicable): Indicates the fuel line goes through the foundation.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Wiring - Part	Check the box (if applicable): Indicates if partial wiring improvements have been made since the original construction.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Wiring - Complete	Check the box (if applicable): Indicates if complete wiring improvements have been made since the original construction.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Wiring - Year	Enter year: The year the wiring improvements took place.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Plumbing - Part	Check the box (if applicable): Indicates if partial plumbing improvements have been made since the original construction.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Plumbing - Complete	Check the box (if applicable): Indicates if complete plumbing improvements have been made since the original construction.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Plumbing - Year	Enter year: The year the plumbing improvements took place.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Heating - Part	Check the box (if applicable): Indicates if partial heating improvements have been made since the original construction.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Heating - Complete	Check the box (if applicable): Indicates if complete heating improvements have been made since the original construction.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Heating - Year	Enter year: The year the heating improvements took place.

Section Name	Field Name	Field and/or Section Description
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Roofing - Part	Check the box (if applicable): Indicates if partial roofing improvements have been made since the original construction.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Roofing - Complete	Check the box (if applicable): Indicates if complete roofing improvements have been made since the original construction.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Roofing - Year	Enter year: The year the roofing improvements took place.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Renovations - Exterior Paint - Year	Enter year: The year the exterior of the structure was last painted.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Plumbing Condition - Excellent	Check the box (if applicable): Indicates the plumbing system condition is excellent.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Plumbing Condition - Good	Check the box (if applicable): Indicates the plumbing system condition is good.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Plumbing Condition - Average	Check the box (if applicable): Indicates the plumbing system condition is average.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Plumbing Condition - Below Average	Check the box (if applicable): Indicates the plumbing system condition is below average.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Any Known Leaks	Enter Y for a "Yes" response. Input N for "No" response. Indicates there are known leaks in the plumbing system.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Roof Condition - Excellent	Check the box (if applicable): Indicates the condition of the roof is excellent.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Roof Condition - Good	Check the box (if applicable): Indicates the condition of the roof is good.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Roof Condition - Average	Check the box (if applicable): Indicates the condition of the roof is average.

Section Name	Field Name	Field and/or Section Description
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Roof Condition - Below Average	Check the box (if applicable): Indicates the condition of the roof is below average.
HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING	Roof Material	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)
MOBILE HOME RATING / UNDERWRITING	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
MOBILE HOME RATING / UNDERWRITING	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
MOBILE HOME RATING / UNDERWRITING	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
MOBILE HOME RATING / UNDERWRITING	Mobile Home - New	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the mobile home was purchased new.
MOBILE HOME RATING / UNDERWRITING	Mobile Home - Year	Enter year: The model year of the mobile home.
MOBILE HOME RATING / UNDERWRITING	Mobile Home - Make	Enter text: The name of the manufacturer of the mobile home.
MOBILE HOME RATING / UNDERWRITING	Mobile Home - Model	Enter text: The manufacturer's model name for the mobile home.
MOBILE HOME RATING / UNDERWRITING	Mobile Home - ID Number	Enter identifier: The serial number for this mobile home.
MOBILE HOME RATING / UNDERWRITING	Length	Enter number: The length of the mobile home expressed in feet.
MOBILE HOME RATING / UNDERWRITING	Width	Enter number: The width of the mobile home expressed in feet.
MOBILE HOME RATING / UNDERWRITING	Doublewide	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the mobile home is a doublewide construction.
MOBILE HOME RATING / UNDERWRITING	Skirted	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the mobile home is skirted.
MOBILE HOME RATING / UNDERWRITING	# of Bedrooms	Enter number: The number of bedrooms in the mobile home.

Section Name	Field Name	Field and/or Section Description
MOBILE HOME RATING / UNDERWRITING	Tie Down - None	Check the box (if applicable): Indicates the mobile home has no tie downs.
MOBILE HOME RATING / UNDERWRITING	Tie Down - Full	Check the box (if applicable): Indicates the mobile home tie downs are full.
MOBILE HOME RATING / UNDERWRITING	Tie Down - Chassis Only	Check the box (if applicable): Indicates the mobile home tie downs are chassis only.
MOBILE HOME RATING / UNDERWRITING	Tie Down - Overtop Only	Check the box (if applicable): Indicates the mobile home tie downs are overtop only.
MOBILE HOME RATING / UNDERWRITING	Permanent Connection - Electricity	Check the box (if applicable): Indicates the mobile home has a permanent connection to electricity.
MOBILE HOME RATING / UNDERWRITING	Permanent Connection - Water	Check the box (if applicable): Indicates the mobile home has a permanent connection to water.
MOBILE HOME RATING / UNDERWRITING	Permanent Connection - Sewer	Check the box (if applicable): Indicates the mobile home has a permanent connection to the sewer.
MOBILE HOME RATING / UNDERWRITING	Cooking Location - End	Check the box (if applicable): Indicates the mobile home has a cooking location at the end of the residence.
MOBILE HOME RATING / UNDERWRITING	Cooking Location - Middle	Check the box (if applicable): Indicates the mobile home has a cooking location in the middle of the residence.
MOBILE HOME RATING / UNDERWRITING	Cooking Location - None	Check the box (if applicable): Indicates the mobile home has no cooking location.
MOBILE HOME RATING / UNDERWRITING	Mobile Home Foundation - Continuous Masonry	Check the box (if applicable): Indicates the foundation is continuous masonry.
MOBILE HOME RATING / UNDERWRITING	Mobile Home Foundation - Post & Pier	Check the box (if applicable): Indicates the foundation is post and pier.
MOBILE HOME RATING / UNDERWRITING	Mobile Home Foundation - Other	Check the box (if applicable): Indicates the foundation is other than those listed.
MOBILE HOME RATING / UNDERWRITING	Mobile Home Foundation - Other Description	Enter text: The foundation of the mobile home.
MOBILE HOME RATING / UNDERWRITING	Mobile Home Park Name	Enter text: The name of the mobile home park.
MOBILE HOME RATING / UNDERWRITING	Date park established	Enter date: The date the mobile home park was established.
MOBILE HOME RATING / UNDERWRITING	Number of permanent spaces in park	Enter number: The number of permanent spaces in the mobile home park.
MOBILE HOME RATING / UNDERWRITING	Consecutive Months Occupied Each Year	Enter number: The number of consecutive months the mobile home is occupied each year.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
ADDITIONAL INTEREST	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
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	Interest Additional Insured	Check the box (if applicable): Indicates the interest type is an additional insured.
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	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Trustee	Check the box (if applicable): Indicates the additional interest type is a trustee.
ADDITIONAL INTEREST	Other	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST	Other Description	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST	Rank:	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Certificate Required	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST	Name And Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST		Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Reference #:	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Interest in Item Number 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.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST	Vehicle:	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Boat:	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Item Class	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description:	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
ADDITIONAL INTEREST	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
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	Interest Additional Insured	Check the box (if applicable): Indicates the interest type is an additional insured.
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	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Trustee	Check the box (if applicable): Indicates the additional interest type is a trustee.
ADDITIONAL INTEREST	Other	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST	Other Description	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST	Rank:	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Certificate Required	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST	Name And Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST		Enter code: The additional interest's country code.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST	Reference #:	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Interest in Item Number Location:	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Building:	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	Vehicle:	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Boat:	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Item Class	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description:	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Type of Change	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).
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	#	Enter number: The number assigned to the item by the producer.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Property Description	Enter text: The full description of the item including serial numbers, if applicable.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Purchase / Appraisal Date	Enter date: The date on which the item described was either purchased or last appraised.

Section Name	Field Name	Field and/or Section Description
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Amount of Insurance	Enter amount: The value (limit of liability) of the item described.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Type of Change	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).
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	#	Enter number: The number assigned to the item by the producer.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Property Description	Enter text: The full description of the item including serial numbers, if applicable.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Purchase / Appraisal Date	Enter date: The date on which the item described was either purchased or last appraised.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Amount of Insurance	Enter amount: The value (limit of liability) of the item described.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Type of Change	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).

Section Name	Field Name	Field and/or Section Description
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	#	Enter number: The number assigned to the item by the producer.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Property Description	Enter text: The full description of the item including serial numbers, if applicable.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Purchase / Appraisal Date	Enter date: The date on which the item described was either purchased or last appraised.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Amount of Insurance	Enter amount: The value (limit of liability) of the item described.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Unattended Car Coverage (Stamps/Coins)	Check the box (if applicable): Indicates that unattended automobile coverage for stamps and coins applies to a property class.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Broad Form Pair & Set Coverage	Check the box (if applicable): Indicates that broad form pair and set coverage applies to a property class.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Non-Mobile Organ Coverage	Check the box (if applicable): Indicates that non-mobile organ coverage applies to a property class.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Safe Credit (Identify Property, Safe Class, etc)	Check the box (if applicable): Indicates that safe credit applies to a property class.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	ACV Loss Settlement	Check the box (if applicable): Indicates the loss settlement basis is the actual cash value of the item.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Replacement Cost Loss Settlement	Check the box (if applicable): Indicates the loss settlement basis is the replacement cost of the item.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Breakage Coverage	Check the box (if applicable): Indicates that breakage coverage applies to a property class.
PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY	Blanket Coverage	Check the box (if applicable): Indicates that blanket coverage applies.

Section Name	Field Name	Field and/or Section Description
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Boat Hull No:	Enter number: The producer assigned number for the watercraft.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Hull	Enter limit: The limit for boat (hull) coverage. This may include collision liability.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Outboard Motor 1	Enter limit: The limit for outboard motor coverage.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Outboard Motor 2	Enter limit: The limit for outboard motor coverage.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Portable Accessories	Enter limit: The limit for portable accessories (equipment not permanently attached to the boat) coverage.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Trailer	Enter limit: The limit for trailer coverage.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Liability	Enter limit: The limit amount for combined single limit liability (may be called protection and indemnity).
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Medical Payments	Enter limit: The limit for medical payments for bodily injury to occupants of the boat coverage.
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability	Enter limit: The each accident limit for uninsured boaters coverage.

Section Name	Field Name	Field and/or Section Description
WATERCRAFT COVERAGES / LIMITS OF LIABILITY	Deductible	Enter deductible: The deductible for boat (hull) coverage.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Policy Amount	Enter limit: The policy liability limit for personal umbrella coverage.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Retention	Enter amount: The amount of liability retained by the insured. Retention is usually expressed in whole dollars, but can be a percentage.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Other Coverages, Automobile, Personal Liability, Watercraft, Recreational Vehicles	Enter text: The description of other underlying coverages.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Automobile BI	Enter limit: The bodily injury each person limit on the underlying automobile policy. As used here, enter the bodily injury each accident limit in the combined single limit each accident field.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Automobile PD	Enter limit: The property damage each accident limit on the underlying automobile policy.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Automobile CSL	Enter limit: The combined single limit on the underlying automobile policy. As used here, contains the combined single or bodily injury each accident limit.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Personal Liability	Enter limit: The liability limit on the underlying homeowners policy. As used here, this contains the personal liability limit from the homeowners or dwelling fire policy.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Watercraft BI	Enter limit: The bodily injury each person limit on the underlying watercraft policy. As used here, enter the bodily injury each accident limit in the combined single limit each accident field.

Section Name	Field Name	Field and/or Section Description
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Watercraft PD	Enter limit: The property damage each accident limit on the underlying watercraft policy.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Watercraft CSL	Enter limit: The combined single limit on the underlying watercraft policy. As used here, contains the combined single or bodily injury each accident limit.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Recreational Vehicles BI	Enter limit: The bodily injury each person limit on the underlying recreational vehicle policy. As used here, enter the bodily injury each accident limit in the combined single limit each accident field.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Recreational Vehicles PD	Enter limit: The property damage limit on the underlying recreational vehicle policy.
PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY	Recreational Vehicles CSL	Enter limit: The combined single limit on the underlying recreational vehicle policy. As used here, contains the combined single or bodily injury each accident limit.
SIGNATURES	Producer's Signature / Insured's Signature	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.
SIGNATURES	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURES	State Producer License Number	Enter identifier: The State License Number of the producer. As used here, this is required in Florida.
SIGNATURES	Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURES	Date	Enter date: The date the form was signed by the named insured.
SIGNATURES	National Producer Number	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.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).