

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 71 (2012/03)	Personal Auto Policy Change Request	The title of the form. ACORD 71, Personal Auto Policy Change Request, is used to request mid-term changes to any personal auto policy. The 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.
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 No.	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No.	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).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.

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IDENTIFICATION SECTION	Insured Name and Address	Enter text: The named insured(s) as it/they will appear on the policy declarations page. As used here, the Insured Name and Mailing Address should only be used if a portion of it has changed.
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	Indicate if Mailing Address is Garaging Address (checkbox)	Check the box (if applicable): Indicates the mailing address is the primary garaging address.
IDENTIFICATION SECTION	Tax Code	Enter code: The city, county or state tax code. As used here, enter the tax code only if it has changed.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Attention	Enter text: The name of the individual at the insurance company that is the primary contact.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Account Number	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
IDENTIFICATION SECTION	Effective Date of Change	Enter date: The date on which the change should take effect.
IDENTIFICATION SECTION	Effective Date of Policy	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Change Billing Plan to Direct	Check the box (if applicable): Indicates if the policy is to be direct billed. As used here, only check if the billing plan is changing.
IDENTIFICATION SECTION	Change Billing Plan to Direct Agency	Check the box (if applicable): Indicates if the policy is to be producer/agency billed. As used here, only check if the billing plan is changing.
		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).
GARAGING ADDRESS(ES)	Type of Change	
GARAGING ADDRESS	Loc	Enter number: The producer assigned number of the location.
GARAGING ADDRESS	Street	Enter text: The vehicle's physical address line one.
GARAGING ADDRESS	City	Enter text: The vehicle's physical address city name.
GARAGING ADDRESS	County	Enter text: The vehicle's physical address county name.
GARAGING ADDRESS	State	Enter code: The vehicle's physical address state or province code.
GARAGING ADDRESS	Zip	Enter code: The vehicle's physical address postal code.
		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).
GARAGING ADDRESS	Type of Change	
GARAGING ADDRESS	Loc	Enter number: The producer assigned number of the location.
GARAGING ADDRESS	Street	Enter text: The vehicle's physical address line one.
GARAGING ADDRESS	City	Enter text: The vehicle's physical address city name.
GARAGING ADDRESS	County	Enter text: The vehicle's physical address county name.

Section Name	Field Name	Field and/or Section Description
GARAGING ADDRESS	State	Enter code: The vehicle's physical address state or province code.
GARAGING ADDRESS	Zip	Enter code: The vehicle's physical address postal code.
VEHICLE DESCRIPTION / USE	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).
VEHICLE DESCRIPTION / USE	Veh	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Loc	Enter number: The producer assigned number of the location.
VEHICLE DESCRIPTION / USE	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION / USE	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE DESCRIPTION / USE	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION / USE	Body Type	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION / USE	VIN	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION / USE	Reg St	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION / USE	Reg to Drv #	Enter number: The producer assigned driver number for whom the vehicle is registered.
VEHICLE DESCRIPTION / USE	HP/CC	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
VEHICLE DESCRIPTION / USE	Date Leased	Enter text: The month and year the applicant leased the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	Date Purch	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).

Section Name	Field Name	Field and/or Section Description
VEHICLE DESCRIPTION / USE	New/Used	Enter code: A code indicating if the vehicle was purchased new or used.
VEHICLE DESCRIPTION / USE	Veh	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Cost New	Enter amount: The original cost of the vehicle.
VEHICLE DESCRIPTION / USE	Symbol Age Grp	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION / USE	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.
VEHICLE DESCRIPTION / USE	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION / USE	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION / USE	Mile 1 Way Wk/Schl	Enter number: The number of miles from the garage location to school or work.
VEHICLE DESCRIPTION / USE	# Days Week	Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	# Weeks/Mo.	Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	Usage	Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm).
VEHICLE DESCRIPTION / USE	Perform	Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car).
VEHICLE DESCRIPTION / USE	Multi-Car	Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount.
VEHICLE DESCRIPTION / USE	Car Pool	Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies.

Section Name	Field Name	Field and/or Section Description
VEHICLE DESCRIPTION / USE	Gar Code	Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street
VEHICLE DESCRIPTION / USE	Odometer Reading	Enter number: The odometer reading at the time the insurance policy is applied for.
VEHICLE DESCRIPTION / USE	Annual Mileage	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE DESCRIPTION / USE	Govern Driver	Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes.
VEHICLE DESCRIPTION / USE	Driver # 1	Enter number: The producer assigned driver number of the driver using the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver # 2	Enter number: The producer assigned driver number of the driver using the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver # 3	Enter number: The producer assigned driver number of the driver using the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver # 4	Enter number: The producer assigned driver number of the driver using the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver # 5	Enter number: The producer assigned driver number of the driver using the vehicle.

Section Name	Field Name	Field and/or Section Description
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver # 6	Enter number: The producer assigned driver number of the driver using the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Veh	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE DESCRIPTION / USE	Passive Seat Belt	Enter code: The type of seat belts in the vehicle.
VEHICLE DESCRIPTION / USE	Air Bag	Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists.
VEHICLE DESCRIPTION / USE	Anti - Lock Brakes 2/4	Enter code: The type of anti-lock brakes in the vehicle.
VEHICLE DESCRIPTION / USE	Anti - Theft Devices	Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle.
VEHICLE DESCRIPTION / USE	Credits and Surcharges	Enter text: A credit or surcharge represented as text.
VEHICLE DESCRIPTION / USE	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).
VEHICLE DESCRIPTION / USE	Veh	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Loc	Enter number: The producer assigned number of the location.

Section Name	Field Name	Field and/or Section Description
VEHICLE DESCRIPTION / USE	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION / USE	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE DESCRIPTION / USE	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION / USE	Body Type	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION / USE	VIN	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION / USE	Reg St	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION / USE	Reg to Drv #	Enter number: The producer assigned driver number for whom the vehicle is registered.
VEHICLE DESCRIPTION / USE	HP/CC	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
VEHICLE DESCRIPTION / USE	Date Leased	Enter text: The month and year the applicant leased the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	Date Purch	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	New/Used	Enter code: A code indicating if the vehicle was purchased new or used.
VEHICLE DESCRIPTION / USE	Veh	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Cost New	Enter amount: The original cost of the vehicle.
VEHICLE DESCRIPTION / USE	Symbol Age Grp	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION / USE	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.
VEHICLE DESCRIPTION / USE	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION / USE	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION / USE	Mile 1 Way Wk/Schl	Enter number: The number of miles from the garage location to school or work.

Section Name	Field Name	Field and/or Section Description
VEHICLE DESCRIPTION / USE	# Days Week	Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	# Weeks/Mo.	Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	Usage	Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm).
VEHICLE DESCRIPTION / USE	Perform	Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car).
VEHICLE DESCRIPTION / USE	Multi-Car	Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount.
VEHICLE DESCRIPTION / USE	Car Pool	Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies.
VEHICLE DESCRIPTION / USE	Gar Code	Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street
VEHICLE DESCRIPTION / USE	Odometer Reading	Enter number: The odometer reading at the time the insurance policy is applied for.
VEHICLE DESCRIPTION / USE	Annual Mileage	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE DESCRIPTION / USE	Govern Driver	Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.

Section Name	Field Name	Field and/or Section Description
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Veh	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE DESCRIPTION / USE	Passive Seat Belt	Enter code: The type of seat belts in the vehicle.
VEHICLE DESCRIPTION / USE	Air Bag	Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists.
VEHICLE DESCRIPTION / USE	Anti - Lock Brakes 2/4	Enter code: The type of anti-lock brakes in the vehicle.
VEHICLE DESCRIPTION / USE	Anti - Theft Devices	Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle.
VEHICLE DESCRIPTION / USE	Credits and Surcharges	Enter text: A credit or surcharge represented as text.
VEHICLE COVERAGES (excluding NO FAULT)	Vehicle #	Enter number: The producer assigned vehicle number.
VEHICLE COVERAGES (excluding NO FAULT)	Single Limit Liability (CSL) 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
VEHICLE COVERAGES (excluding NO FAULT)	Single Limit Liability (CSL) Ea Accident	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
VEHICLE COVERAGES (excluding NO FAULT)	Bodily Injury 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).
VEHICLE COVERAGES (excluding NO FAULT)	Bodily Injury Liability Ea Person	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
VEHICLE COVERAGES (excluding NO FAULT)	Bodily Injury Liability Ea Accident	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
VEHICLE COVERAGES (excluding NO FAULT)	Property Damage 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).
VEHICLE COVERAGES (excluding NO FAULT)	Property Damage Liability Ea Accident	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
VEHICLE COVERAGES (excluding NO FAULT)	Property Damage Liability Deductible	Enter deductible: The property damage deductible amount.

Section Name	Field Name	Field and/or Section Description
VEHICLE COVERAGES (excluding NO FAULT)	Medical Payments 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).
VEHICLE COVERAGES (excluding NO FAULT)	Medical Payments Ea Person	Enter limit: The medical payments per person limit.
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist CSL/BI 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).
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist CSL/BI Ea Person	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist CSL/BI Ea Accident	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist CSL / BI Option	Enter text: The description of the options applicable to uninsured motorists coverage.

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VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist PD 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).
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist PD Ea Accident	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist CSL/BI 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).
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist CSL/BI Ea Person	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist CSL/BI Ea Accident	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist CSL / BI Option	Enter text: The description of the options applicable to underinsured motorists coverage.

Section Name	Field Name	Field and/or Section Description
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist PD 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).
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist PD Ea Accident	Enter limit: The underinsured motorists property damage per accident amount. The use of this limit varies by state.
VEHICLE COVERAGES (excluding NO FAULT)	Comprehensive/ OTC Deductible 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).
VEHICLE COVERAGES (excluding NO FAULT)	Comprehensive/ OTC Deductible Amount	Enter deductible: The comprehensive or other than collision deductible amount.
VEHICLE COVERAGES (excluding NO FAULT)	Comprehensive / OTC Option	Enter text: The description of the options applicable to comprehensive / other than collision coverage.
VEHICLE COVERAGES (excluding NO FAULT)	Collision Deductible 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
VEHICLE COVERAGES (excluding NO FAULT)	Collision Deductible Amount	Enter deductible: The collision deductible amount.
VEHICLE COVERAGES (excluding NO FAULT)	Collision Option	Enter text: The description of the options applicable to collision coverage.
VEHICLE COVERAGES (excluding NO FAULT)	ACV Unless Amt Stated 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).
VEHICLE COVERAGES (excluding NO FAULT)	ACV Unless Amt Stated Limit	Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here.
VEHICLE COVERAGES (excluding NO FAULT)	Towing & Labor 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).
VEHICLE COVERAGES (excluding NO FAULT)	Towing & Labor Limit	Enter limit: The towing and labor limit amount.

Section Name	Field Name	Field and/or Section Description
VEHICLE COVERAGES (excluding NO FAULT)	Transportation Expense / Rental Reimbursement 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).
VEHICLE COVERAGES (excluding NO FAULT)	Transportation Expense Ea Day	Enter limit: The transportation expense or rental reimbursement per day limit amount.
VEHICLE COVERAGES (excluding NO FAULT)	Transportation Expense Maximum Limit	Enter limit: The transportation expense or rental reimbursement maximum limit amount.
VEHICLE COVERAGES (excluding NO FAULT)	Vehicle #	Enter number: The producer assigned vehicle number.
VEHICLE COVERAGES (excluding NO FAULT)	Single Limit Liability (CSL) 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).
VEHICLE COVERAGES (excluding NO FAULT)	Single Limit Liability (CSL) Ea Accident	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

Section Name	Field Name	Field and/or Section Description
VEHICLE COVERAGES (excluding NO FAULT)	Bodily Injury 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).
VEHICLE COVERAGES (excluding NO FAULT)	Bodily Injury Liability Ea Person	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
VEHICLE COVERAGES (excluding NO FAULT)	Bodily Injury Liability Ea Accident	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
VEHICLE COVERAGES (excluding NO FAULT)	Property Damage 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).
VEHICLE COVERAGES (excluding NO FAULT)	Property Damage Liability Ea Accident	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
VEHICLE COVERAGES (excluding NO FAULT)	Property Damage Liability Deductible	Enter deductible: The property damage deductible amount.

Section Name	Field Name	Field and/or Section Description
VEHICLE COVERAGES (excluding NO FAULT)	Medical Payments 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).
VEHICLE COVERAGES (excluding NO FAULT)	Medical Payments Ea Person	Enter limit: The medical payments per person limit.
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist CSL/BI 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).
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist CSL/BI Ea Person	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist CSL/BI Ea Accident	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist CSL / BI Option	Enter text: The description of the options applicable to uninsured motorists coverage.

Section Name	Field Name	Field and/or Section Description
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist PD 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).
VEHICLE COVERAGES (excluding NO FAULT)	Uninsured Motorist PD Ea Accident	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist CSL/BI 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).
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist CSL/BI Ea Person	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist CSL/BI Ea Accident	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist CSL / BI Option	Enter text: The description of the options applicable to underinsured motorists coverage.

Section Name	Field Name	Field and/or Section Description
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist PD 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).
VEHICLE COVERAGES (excluding NO FAULT)	Underinsured Motorist PD Ea Accident	Enter limit: The underinsured motorists property damage per accident amount. The use of this limit varies by state.
VEHICLE COVERAGES (excluding NO FAULT)	Comprehensive / OTC Deductible 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).
VEHICLE COVERAGES (excluding NO FAULT)	Comprehensive/ OTC Deductible Amount	Enter deductible: The comprehensive or other than collision deductible amount.
VEHICLE COVERAGES (excluding NO FAULT)	Comprehensive / OTC Option	Enter text: The description of the options applicable to comprehensive / other than collision coverage.
VEHICLE COVERAGES (excluding NO FAULT)	Collision Deductible 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
VEHICLE COVERAGES (excluding NO FAULT)	Collision Deductible Amount	Enter deductible: The collision deductible amount.
VEHICLE COVERAGES (excluding NO FAULT)	Collision Option	Enter text: The description of the options applicable to collision coverage.
VEHICLE COVERAGES (excluding NO FAULT)	ACV Unless Amt Stated 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).
VEHICLE COVERAGES (excluding NO FAULT)	ACV Unless Amt Stated Limit	Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here.
VEHICLE COVERAGES (excluding NO FAULT)	Towing & Labor 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).
VEHICLE COVERAGES (excluding NO FAULT)	Towing & Labor Limit	Enter limit: The towing and labor limit amount.

Section Name	Field Name	Field and/or Section Description
VEHICLE COVERAGES (excluding NO FAULT)	Transportation Expense/Rental Reimbursement 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).
VEHICLE COVERAGES (excluding NO FAULT)	Transportation Expense Ea Day	Enter limit: The transportation expense or rental reimbursement per day limit amount.
VEHICLE COVERAGES (excluding NO FAULT)	Transportation Expense Maximum Limit	Enter limit: The transportation expense or rental reimbursement maximum limit amount.
REMARKS	Remarks	Enter text: The remarks associated with a policy change. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	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).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Veh	Enter number: The producer assigned vehicle number.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Code	Enter code: The coverage code of the other coverage or adjustment.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Description	Enter text: The description of the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit	Enter limit: The limit amount of the other coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Limit Applies to	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Amount	Enter deductible: The deductible amount of the coverage.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Deductible Percentage	Enter percentage: The deductible percentage for the coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
ADDITIONAL VEHICLE COVERAGES (including NO FAULT)	Option	Enter code: The option applicable to this coverage.
		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).
DRIVER INFORMATION	Type Of Change	
DRIVER INFORMATION	Driver #	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	First Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION	Middle Name	Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION	Last Name	Enter text: The driver's last name (surname).
DRIVER INFORMATION	Sex	Enter code: The gender of the driver.
DRIVER INFORMATION	Mar Stat	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union/Registered Domestic Partner, F- Fiancé/Fiancée, U - Unknown, O - Other
DRIVER INFORMATION	Relation to Applicant	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.

Section Name	Field Name	Field and/or Section Description
DRIVER INFORMATION	Date of Birth	Enter date: The birth date of the driver.
DRIVER INFORMATION	Driver #	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Occupation	Enter text: The occupation of the driver.
DRIVER INFORMATION	Date Lic	Enter date: The original date on which a driver's license was issued to this driver.
DRIVER INFORMATION	Stdtd > 100	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address.
DRIVER INFORMATION	Good Stdtd	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver qualifies for a good student credit (verify that company offers this credit). Complete and attach a Good Student Certificate (ACORD 91) for each operator who qualifies.
DRIVER INFORMATION	Drv Train	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.
DRIVER INFORMATION	Acc Prev Cse Date	Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies.
DRIVER INFORMATION	Drivers License #	Enter identifier: The driver's license number.
DRIVER INFORMATION	Licensed State	Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
DRIVER INFORMATION	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).
DRIVER INFORMATION	Driver #	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	First Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION	Middle Name	Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION	Last Name	Enter text: The driver's last name (surname).
DRIVER INFORMATION	Sex	Enter code: The gender of the driver.

Section Name	Field Name	Field and/or Section Description
DRIVER INFORMATION	Mar Stat	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union/Registered Domestic Partner, F- Fiancé/Fiancée, U - Unknown, O - Other
DRIVER INFORMATION	Relation to Applicant	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
DRIVER INFORMATION	Date of Birth	Enter date: The birth date of the driver.
DRIVER INFORMATION	Driver #	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Occupation	Enter text: The occupation of the driver.
DRIVER INFORMATION	Date Lic	Enter date: The original date on which a driver's license was issued to this driver.
DRIVER INFORMATION	Stdtd > 100	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address.
DRIVER INFORMATION	Good Stdtd	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver qualifies for a good student credit (verify that company offers this credit). Complete and attach a Good Student Certificate (ACORD 91) for each operator who qualifies.
DRIVER INFORMATION	Drv Train	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.
DRIVER INFORMATION	Acc Prev Cse Date	Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies.
DRIVER INFORMATION	Drivers License #	Enter identifier: The driver's license number.
DRIVER INFORMATION	Licensed State	Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.

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).
DRIVER INFORMATION	Type Of Change	
DRIVER INFORMATION	Driver #	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	First Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION	Middle Name	Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION	Last Name	Enter text: The driver's last name (surname).
DRIVER INFORMATION	Sex	Enter code: The gender of the driver.
DRIVER INFORMATION	Mar Stat	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union/Registered Domestic Partner, F- Fiancé/Fiancée, U - Unknown, O - Other
DRIVER INFORMATION	Relation to Applicant	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
DRIVER INFORMATION	Date of Birth	Enter date: The birth date of the driver.
DRIVER INFORMATION	Driver #	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Occupation	Enter text: The occupation of the driver.
DRIVER INFORMATION	Date Lic	Enter date: The original date on which a driver's license was issued to this driver.
DRIVER INFORMATION	Stdt > 100	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address.
DRIVER INFORMATION	Good Stdt	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver qualifies for a good student credit (verify that company offers this credit). Complete and attach a Good Student Certificate (ACORD 91) for each operator who qualifies.
DRIVER INFORMATION	Drv Train	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.

Section Name	Field Name	Field and/or Section Description
DRIVER INFORMATION	Acc Prev Cse Date	Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies.
DRIVER INFORMATION	Drivers License #	Enter identifier: The driver's license number.
DRIVER INFORMATION	Licensed State	Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
ACCIDENTS / CONVICTIONS	Has Any Driver Shown Above Had An Accident, Regardless Of Fault, Or Been Convicted Of A Moving Violation Within The Last _____ Years?	Enter number: The number of years associated with "... an accident... or convicted of a moving violation" question.
ACCIDENTS / CONVICTIONS	Accident Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if any driver has had an accident or been convicted of a moving violation in the mandated number of years.
ACCIDENTS / CONVICTIONS	DRV #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction.
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, should be attached if more space is needed.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	Bodily Injury Or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	DRV #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction.
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, should be attached if more space is needed.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	Bodily Injury Or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.

Section Name	Field Name	Field and/or Section Description
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	DRV #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction.
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, should be attached if more space is needed.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	Bodily Injury Or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
GENERAL INFORMATION	1. With the exception of any encumbrances, are any vehicles not solely owned by and registered to the applicant?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "With the exception of any encumbrances, are any vehicles, for which insurance is requested not solely owned by and registered to the applicant?".
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Name of Other Owner	Enter text: The additional interest's full name.
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Name of Other Owner	Enter text: The additional interest's full name.
GENERAL INFORMATION	2. Any car modified / special equipment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any vehicles customized, altered or with special equipment?".
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of modified or special equipment on the vehicle.
GENERAL INFORMATION	Cost	Enter amount: The cost of the modified or special equipment on the vehicle.
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of modified or special equipment on the vehicle.
GENERAL INFORMATION	Cost	Enter amount: The cost of the modified or special equipment on the vehicle.
GENERAL INFORMATION	3. Any existing damage to vehicle?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any existing damage to vehicle? (Include damaged glass)".
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of existing damage on the vehicle.
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of existing damage on the vehicle.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	4. Any household member in military service?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any household member in military service?".
GENERAL INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION	Branch	Enter text: The branch of military service.
GENERAL INFORMATION	Rank	Enter text: The driver's rank in the military.
GENERAL INFORMATION	Base Location - Street	Enter text: The military base's first address line.
GENERAL INFORMATION	Base Location - City	Enter text: The city of the military base.
GENERAL INFORMATION	Base Location - State	Enter code: The state or province code of the military base.
GENERAL INFORMATION	Base Location - Zip	Enter code: The postal code of the military base.
GENERAL INFORMATION	Base Location - Country	Enter code: The country code of the military base.
GENERAL INFORMATION	Veh at Base Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the driver has a vehicle at a military base.
GENERAL INFORMATION	5. Any drivers license been suspended / revoked?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any drivers license been suspended/revoked?".
GENERAL INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION	Suspension Period Start Date	Enter date: The date the driver's license suspension became effective.
GENERAL INFORMATION	Suspension Period End Date	Enter date: The date the driver's license suspension is scheduled to end.
GENERAL INFORMATION	Explanation	Enter text: The reason the driver's license was suspended or revoked.
GENERAL INFORMATION	Reinstatement Date	Enter date: The date a suspended or revoked driver's license was reinstated.
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
GENERAL INFORMATION	6. Any driver have a physical impairment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any driver have physical impairment?". As used here, not applicable in MT and WI.
GENERAL INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION	Description of Special Equipment in Vehicle	Enter text: The description of any special equipment.
GENERAL INFORMATION	7. Any driver undergoing a course of medical treatment for a physical / mental impairment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any driver undergoing a course of medical treatment for a physical or mental impairment?". As used here, not applicable in MT, OR and WI.
GENERAL INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION	Explanation	Enter text: The description of any medication or treatments for a driver with physical or mental impairments.
GENERAL INFORMATION (Continued)	8. Any financial responsibility filing?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any financial responsibility filing?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION (Continued)	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (Continued)	Reason for Filing	Enter text: The description of why a financial responsibility filing is required.
GENERAL INFORMATION (Continued)	Filing Date	Enter date: The date on which the financial responsibility filing was originally required.
GENERAL INFORMATION (Continued)	8. Any coverage declined, cancelled or non-renewed during the last three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years?".
GENERAL INFORMATION (Continued)	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (Continued)	Reason declined, cancelled, or non-renewed	Enter text: The description of the reason for coverage being declined, cancelled or non-renewed within the last mandated number of years.
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	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	Owner	Check the box (if applicable): Indicates the additional interest type is an owner.
ADDITIONAL INTEREST	Registrant	Check the box (if applicable): Indicates the additional interest type is a registrant.
ADDITIONAL INTEREST	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	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 / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Vehicle	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Location	Enter number: The producer assigned number of the location which has an additional interest.
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	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	Owner	Check the box (if applicable): Indicates the additional interest type is an owner.
ADDITIONAL INTEREST	Registrant	Check the box (if applicable): Indicates the additional interest type is a registrant.
ADDITIONAL INTEREST	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	Name And Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST		Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Reference / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Vehicle	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Location	Enter number: The producer assigned number of the location which has an additional interest.

Section Name	Field Name	Field and/or Section Description
SIGNATURE	Producer'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.
SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No	Enter identifier: The State License Number of the producer.
SIGNATURE	Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	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).