

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 84 (2012/02)</b>	<b>Dwelling Fire Application</b>	The title of the form. ACORD 84, Dwelling Fire Application is used in the underwriting process for the dwelling fire line of business. The underwriting process for any personal lines policy begins with the submission of a completed application. These instructions will assist in the completion of this application.
<b>IDENTIFICATION SECTION</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The date on which the form is completed.
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 1</b>	Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 2</b>	Enter text: The mailing address line two of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Contact Name</b>	Enter text: The name of the individual at the producer's establishment that is the primary contact.
<b>IDENTIFICATION SECTION</b>	<b>Phone</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Fax</b>	Enter number: The fax number of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Email Address</b>	Enter text: The producer's contact person e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

Section Name	Field Name	Field and/or Section Description
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	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Plan	Enter code: The product code of the insurer for the policy.
IDENTIFICATION SECTION	Facility Code	Enter identifier: The identification code used by assigned risk plans, FAIR plans and other associations (only applicable in a few states). When using this field, also enter the name of the facility in the company or plan field.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Date Agent Last Inspected Property	Enter date: The date the producer last inspected the structure.
IDENTIFICATION SECTION	How Long Have You Known the Applicant?	Enter text: The length of time the named insured has been known by the producer.
APPLICANT INFORMATION	Applicants First Name	Enter text: The named insured's given name.
APPLICANT INFORMATION	Initial	Enter text: The named insured's other given name initial.
APPLICANT INFORMATION	Last Name	Enter text: The named insured's surname.
APPLICANT INFORMATION	Date of Birth	Enter date: The date of birth of the insured.
APPLICANT INFORMATION	Social Security #	Enter identifier: The tax identifier of the named insured.

Section Name	Field Name	Field and/or Section Description
APPLICANT INFORMATION	Marital Status / Civil Union	Enter code: The insured's marital status. The applicable codes are: <ul style="list-style-type: none"> <li>* S Single</li> <li>* M Married</li> <li>* D Divorced</li> <li>* F Fiancé or Fiancée</li> <li>* P Separated</li> <li>* W Widowed</li> <li>* C Domestic Partner (unmarried)</li> <li>* V Civil Union/ Registered Domestic Partner</li> <li>* U Unknown</li> <li>* O Other</li> </ul>
APPLICANT INFORMATION	Applicant Mailing Address Line 1	Enter text: The named insured's mailing address line one.
APPLICANT INFORMATION	Address Line 2	Enter text: The named insured's mailing address line two.
APPLICANT INFORMATION	City	Enter text: The named insured's mailing address city name.
APPLICANT INFORMATION	State	Enter code: The named insured's mailing address state or province code.
APPLICANT INFORMATION	Zip	Enter code: The named insured's mailing address postal code.
APPLICANT INFORMATION	Date at Mailing Address	Enter date: The date insured moved into their current residence. (MM/DD/YYYY)
APPLICANT INFORMATION	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
APPLICANT INFORMATION	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.
APPLICANT INFORMATION	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
APPLICANT INFORMATION	Primary Phone #	Enter number: The named insured's primary phone number.
APPLICANT INFORMATION	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
APPLICANT INFORMATION	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.

Section Name	Field Name	Field and/or Section Description
APPLICANT INFORMATION	Cell	Check the box (if applicable): Indicates the phone number is for a cell phone.
APPLICANT INFORMATION	Secondary Phone #	Enter number: The named insured's secondary phone number.
APPLICANT INFORMATION	Primary Email Address	Enter text: The named insured's primary e-mail address.
APPLICANT INFORMATION	Secondary Email Address	Enter text: The named insured's secondary e-mail address.
APPLICANT INFORMATION	Years at Previous Address	Enter number: The number of years at the previous address.
APPLICANT INFORMATION	Previous Address	Enter text: The first address line of the previous residence address.
APPLICANT INFORMATION	Address Line 2	Enter text: The second address line of the previous residence.
APPLICANT INFORMATION	City	Enter text: The city of the previous residence.
APPLICANT INFORMATION	State	Enter code: The state or province code of the previous residence.
APPLICANT INFORMATION	Zip	Enter text: The postal code of the previous residence.
APPLICANT INFORMATION	Dwelling Location Checkbox	Check the box (if applicable): Indicates the named insured's physical address is the same as the mailing address.
APPLICANT INFORMATION	Dwelling Location Address	Enter text: The first address line of the physical location.
APPLICANT INFORMATION	Address Line 2	Enter text: The second address line of the physical location.
APPLICANT INFORMATION	City	Enter text: The city of the physical location.
APPLICANT INFORMATION	State	Enter code: The state or province of the physical location.
APPLICANT INFORMATION	Zip	Enter code: The postal code of the physical location.
APPLICANT INFORMATION	Applicants Occupation	Enter text: The named insured's primary occupation or business activity.
APPLICANT INFORMATION	Years in Current Occupation	Enter number: The number of years the named insured has been employed in their current occupation.

Section Name	Field Name	Field and/or Section Description
APPLICANT INFORMATION	Years with Current Employer	Enter number: The number of years the named insured has been with their current employer.
APPLICANT INFORMATION	Years with Previous Employer	Enter number: The number of years the named insured has been with their previous employer.
COVERAGES / LIMITS OF LIABILITY	Fire	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Basic.
COVERAGES / LIMITS OF LIABILITY	Fire & EC	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Extended Coverage.
COVERAGES / LIMITS OF LIABILITY	Fire, EC & VMM	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Extended Coverage And Vandalism and Malicious Mischief.
COVERAGES / LIMITS OF LIABILITY	Broad	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Broad (HO-2).
COVERAGES / LIMITS OF LIABILITY	Special	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Special.
COVERAGES / LIMITS OF LIABILITY	Dwelling Limit	Enter limit: The limit associated with dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Dwelling Premium	Enter amount: The premium associated with dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Other Structures Included	Check the box (if applicable): Indicates other structures coverage is included.
COVERAGES / LIMITS OF LIABILITY	Other Structures Limit	Enter limit: The limit associated with other structures coverage.
COVERAGES / LIMITS OF LIABILITY	Other Structures Premium	Enter amount: The premium associated with other structures coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Property Limit	Enter limit: The limit associated with personal property coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Property Premium	Enter amount: The premium associated with personal property coverage.
COVERAGES / LIMITS OF LIABILITY	Actual Loss Sustained	Check the box (if applicable): Indicates actual loss sustained loss of use coverage is included.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Limit	Enter limit: The limit associated with loss of use coverage.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Premium	Enter amount: The premium associated with loss of use coverage.
COVERAGES / LIMITS OF LIABILITY	Blanket Limit	Enter limit: The limit associated with blanket coverage which includes dwelling, other structures, personal property, and loss of use).

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS OF LIABILITY	Blanket Premium	Enter amount: The premium associated with blanket coverage.
COVERAGES / LIMITS OF LIABILITY	Actual Loss Sustained	Check the box (if applicable): Indicates the coverage is Actual Loss Sustained.
COVERAGES / LIMITS OF LIABILITY	Rental Value Limit	Enter limit: The limit associated with rental value (dwelling fire only) coverage.
COVERAGES / LIMITS OF LIABILITY	Rental Value Premium	Enter amount: The premium associated with rental value (dwelling fire only) coverage.
COVERAGES / LIMITS OF LIABILITY	Additional Expense Limit	Enter limit: The limit associated with additional expense coverage.
COVERAGES / LIMITS OF LIABILITY	Additional Expense Premium	Enter amount: The premium associated with additional expense coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Liability Ea Occ Limit	Enter limit: The limit associated with personal liability each occurrence coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Liability Ea Occ Premium	Enter amount: The premium associated with personal liability coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Ea Per Limit	Enter limit: The limit associated with medical payments each person coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Ea Per Premium	Enter amount: The premium associated with medical payments coverage.
COVERAGES / LIMITS OF LIABILITY	Full Value Option Included	Check the box (if applicable): Indicates that replacement cost full value coverage is included.
COVERAGES / LIMITS OF LIABILITY	Limit % Max	Enter percentage: The maximum percentage of increased replacement cost selected in accordance with the company rules.
COVERAGES / LIMITS OF LIABILITY	Premium Amount	Enter amount: The premium for full value replacement cost coverage.
COVERAGES / LIMITS OF LIABILITY	Dwelling Option Included	Check the box (if applicable): Indicates that replacement cost - dwelling coverage is included.
COVERAGES / LIMITS OF LIABILITY	Premium Amount	Enter amount: The premium for replacement cost - dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Contents Option Included	Check the box (if applicable): Indicates that replacement cost - contents coverage is included.
COVERAGES / LIMITS OF LIABILITY	Premium Amount	Enter amount: The premium for replacement cost - contents coverage.
COVERAGES / LIMITS OF LIABILITY	Total Location Premium	Enter amount: The premium for the full term (six months, annual, etc.) of the policy, including endorsements.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Base Amount</b>	Enter deductible: The base deductible amount if the deductible is expressed as a dollar amount.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Base Percent</b>	Enter percentage: The base percentage deductible if the deductible is expressed as a percentage.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Base Type</b>	Enter code: The deductible type (e.g. flat, percentage) for the base deductible.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Wind/Hail Amount</b>	Enter deductible: The wind/hail deductible amount if the deductible is expressed as a dollar amount.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Wind/Hail Percent</b>	Enter percentage: The wind/hail percentage deductible if the deductible is expressed as a percentage.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Wind/Hail Type</b>	Enter code: The deductible type (e.g. flat, percentage) for the wind/hail deductible.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Theft Amount</b>	Enter deductible: The theft deductible amount if the deductible is expressed as a dollar amount.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Theft Percent</b>	Enter percentage: The theft percentage deductible if the deductible is expressed as a percentage.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Theft Premium</b>	Enter code: The deductible type (e.g. flat, percentage) for the theft deductible.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible</b>	Enter text: The coverage associated with the deductible you are entering.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible Amount</b>	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible Percent</b>	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible Premium</b>	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible</b>	Enter text: The coverage associated with the deductible you are entering.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible Amount</b>	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible Percent</b>	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible Premium</b>	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
<b>COVERAGES / LIMITS OF LIABILITY</b>	<b>Other Deductible</b>	Enter text: The coverage associated with the deductible you are entering.

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS OF LIABILITY	Other Deductible Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Percent	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Premium	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
COVERAGES / LIMITS OF LIABILITY	Named Hurricane Amount	Enter deductible: The named hurricane deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Named Hurricane Percent	Enter percentage: The named hurricane percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Named Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the named hurricane deductible.
COVERAGES / LIMITS OF LIABILITY	Annual Hurricane Amount	Enter deductible: The annual hurricane deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Annual Hurricane Percent	Enter percentage: The annual hurricane percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Annual Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the annual hurricane deductible.
COVERAGES / LIMITS OF LIABILITY	Other Deductible	Enter text: The coverage associated with the deductible you are entering.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Percent	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Premium	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
COVERAGES / LIMITS OF LIABILITY	Other Deductible	Enter text: The coverage associated with the deductible you are entering.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Percent	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Premium	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
COVERAGES / LIMITS OF LIABILITY	Other Deductible	Enter text: The coverage associated with the deductible you are entering.

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS OF LIABILITY	Other Deductible Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Percent	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Other Deductible Premium	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
FORMS AND ENDORSEMENTS	Loc #	Enter number: The producer assigned identifier for the location associated with this form.
FORMS AND ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
FORMS AND ENDORSEMENTS	Form Name	Enter text: The name of the form.
FORMS AND ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
FORMS AND ENDORSEMENTS	Copyright Owner Code	Enter code: Indicates the entity that has copyright ownership of the form.
FORMS AND ENDORSEMENTS	Loc #	Enter number: The producer assigned identifier for the location associated with this form.
FORMS AND ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
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FORMS AND ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
FORMS AND ENDORSEMENTS	Copyright Owner Code	Enter code: Indicates the entity that has copyright ownership of the form.

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FORMS AND ENDORSEMENTS	Loc #	Enter number: The producer assigned identifier for the location associated with this form.
FORMS AND ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
FORMS AND ENDORSEMENTS	Form Name	Enter text: The name of the form.
FORMS AND ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
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FORMS AND ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
FORMS AND ENDORSEMENTS	Copyright Owner Code	Enter code: Indicates the entity that has copyright ownership of the form.
		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.
PAYMENT PLAN	Billing Account #	
PAYMENT PLAN	Deposit Amount	Enter amount: The amount of the premium received as a deposit.
PAYMENT PLAN	Est Total Premium	Enter amount: The estimated total cost amount of the policy.

Section Name	Field Name	Field and/or Section Description
PAYMENT PLAN	Direct Bill-Policy	Check the box (if applicable): Indicates if the policy is to be direct billed.
PAYMENT PLAN	Direct Bill-Acct	Check the box (if applicable): Indicates if the account is to be direct billed.
PAYMENT PLAN	Agency Bill	Check the box (if applicable): Indicates if the policy is to be producer/agency billed.
PAYMENT PLAN	Full Pay	Check the box (if applicable): Indicates a full payment will be made on the policy.
PAYMENT PLAN	Annual	Check the box (if applicable): Indicates the policy will be paid annually.
PAYMENT PLAN	Semi-Annual	Check the box (if applicable): Indicates the policy will be paid semi-annually.
PAYMENT PLAN	Quarterly	Check the box (if applicable): Indicates the policy will be paid quarterly.
PAYMENT PLAN	Bi-Monthly	Check the box (if applicable): Indicates the policy will be paid bi-monthly.
PAYMENT PLAN	Monthly	Check the box (if applicable): Indicates the policy will be paid monthly.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.
PAYMENT PLAN	Describe Other	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
PAYMENT PLAN	Cash	Check the box (if applicable): Indicates the invoice will be paid in cash.
PAYMENT PLAN	Check	Check the box (if applicable): Indicates the invoice will be paid by check.
PAYMENT PLAN	Credit Card	Check the box (if applicable): Indicates the invoice will be paid by credit card.
PAYMENT PLAN	EFT	Check the box (if applicable): Indicates the invoice will be paid using electronic funds transfer (EFT).
PAYMENT PLAN	Payroll Deduction	Check the box (if applicable): Indicates the invoice will be paid by payroll deduction.
PAYMENT PLAN	Pre-Authorized Draft/Check (PAC)	Check the box (if applicable): Indicates the invoice will be paid by a pre-authorized check or draft.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the invoice will be paid by a means other than those listed.
PAYMENT PLAN	Describe Other	Enter text: The method the invoice will be paid.
PAYMENT PLAN	Agent	Check the box (if applicable): Indicates if the policy paper should be sent to the producer.
PAYMENT PLAN	Insured	Check the box (if applicable): Indicates if the policy paper should be mailed directly to the named insured.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates if the policy paper should be mailed to other than the agent or applicant.
PAYMENT PLAN	Describe Other	Enter text: The description of whom the policy paper should be mailed to.
PAYMENT PLAN	Insured	Check the box (if applicable): Indicates the payor of the policy is the insured.
PAYMENT PLAN	Mortgagee	Check the box (if applicable): Indicates the payor of the policy is the mortgagee.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the payor of the policy is other than those listed.
PAYMENT PLAN	Describe Other	Enter text: The description of the payor of the policy.

Section Name	Field Name	Field and/or Section Description
PAYMENT PLAN	Premium Financed? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the premium has been financed.
PAYMENT PLAN	Finance Company	Enter text: The name of the company financing the premium, if applicable.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
RATING / UNDERWRITING	Masonry Veneer	Check the box (if applicable): Indicates the construction of the structure is masonry veneer.
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is masonry veneer.
RATING / UNDERWRITING	Frame	Check the box (if applicable): Indicates the construction of the structure is frame.
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is frame.
RATING / UNDERWRITING	Masonry	Check the box (if applicable): Indicates the construction of the structure is masonry.
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is masonry.
RATING / UNDERWRITING	Other	Check the box (if applicable): Indicates the construction of the structure is other than those listed.
RATING / UNDERWRITING	Describe Other	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is other than those types listed.
RATING / UNDERWRITING	Aluminum Siding	Check the box (if applicable): Indicates the siding on the structure is aluminum.
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is sided in aluminum.
RATING / UNDERWRITING	Stucco	Check the box (if applicable): Indicates the siding on the structure is stucco.
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is sided in stucco.
RATING / UNDERWRITING	Vinyl Siding/Plastic	Check the box (if applicable): Indicates the siding on the structure is vinyl or plastic.
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is sided in vinyl or plastic.
RATING / UNDERWRITING	Cedar, Wood, Shingle	Check the box (if applicable): Indicates the siding on the structure is cedar or wood shingle.
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is sided in cedar or wood shingle.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	EIFSCB (on cinder block)	Check the box (if applicable): Indicates the siding on the structure is exterior insulation and finishing system on cinder block (EIFSCB).
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is sided in exterior insulation and finishing system on cinder block (EIFSCB)
RATING / UNDERWRITING	EIFSS (on studs)	Check the box (if applicable): Indicates the siding on the structure is exterior insulation and finishing system on studs (EIFSS).
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is sided in exterior insulation and finishing system on studs (EIFSS).
RATING / UNDERWRITING	Other	Check the box (if applicable): Indicates the siding on the structure is other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The type of siding on the structure.
RATING / UNDERWRITING	Percentage	Enter percentage: The percentage of the structure that is sided in other than the those types listed.
RATING / UNDERWRITING	Year EIFS Installed	Enter year: The year the EIFS (exterior insulation and finishing system) was installed.
RATING / UNDERWRITING	Primary	Check the box (if applicable): Indicates that this is the primary residence.
RATING / UNDERWRITING	Secondary	Check the box (if applicable): Indicates that this is a secondary residence.
RATING / UNDERWRITING	Other	Check the box (if applicable): Indicates the usage of the residence is other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The description of the usage of the residence.
RATING / UNDERWRITING	Seasonal	Check the box (if applicable): Indicates that this is a seasonal residence.
RATING / UNDERWRITING	Farm	Check the box (if applicable): Indicates the residence is a farm.
RATING / UNDERWRITING	Builders Risk	Check the box (if applicable): Indicates the structure is new construction (builders risk).
RATING / UNDERWRITING	Renovation	Check the box (if applicable): Indicates the structure is being renovated.
RATING / UNDERWRITING	Reconstruction	Check the box (if applicable): Indicates the structure is being reconstructed.
RATING / UNDERWRITING	Owner	Check the box (if applicable): Indicates the residence is occupied by the owner.
RATING / UNDERWRITING	Tenant	Check the box (if applicable): Indicates the residence is occupied by tenants.
RATING / UNDERWRITING	Unoccupied	Check the box (if applicable): Indicates the residence is unoccupied.
RATING / UNDERWRITING	Vacant	Check the box (if applicable): Indicates the residence is vacant.
RATING / UNDERWRITING	Other Occupancy	Check the box (if applicable): Indicates the residence is occupied by other than those listed.
RATING / UNDERWRITING	Other Occupancy Description	Enter text: The description of the inhabitants of the residence.
RATING / UNDERWRITING	Dwelling	Check the box (if applicable): Indicates the type of residence being insured is a dwelling.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Apartment	Check the box (if applicable): Indicates the type of residence being insured is an apartment.
RATING / UNDERWRITING	Condominium	Check the box (if applicable): Indicates the type of residence being insured is a condominium.
RATING / UNDERWRITING	Townhouse	Check the box (if applicable): Indicates the type of residence being insured is a townhouse.
RATING / UNDERWRITING	Rowhouse	Check the box (if applicable): Indicates the type of residence being insured is a row house.
RATING / UNDERWRITING	Co-Op	Check the box (if applicable): Indicates the type of residence being insured is a cooperative.
RATING / UNDERWRITING	Other Residence Type	Check the box (if applicable): Indicates the type of residence being insured is other than those listed.
RATING / UNDERWRITING	Other Residence Type Description	Enter text: The description of the type of residence (e.g. apartment, condominium, etc.).
RATING / UNDERWRITING	Housekeeping Condition: Excellent	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is excellent.
RATING / UNDERWRITING	Housekeeping Condition: Good	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is good.
RATING / UNDERWRITING	Housekeeping Condition: Average	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is average.
RATING / UNDERWRITING	Housekeeping Condition: Below Average	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is below average.
RATING / UNDERWRITING	Plumbing Condition: Excellent	Check the box (if applicable): Indicates the plumbing system condition is excellent.
RATING / UNDERWRITING	Plumbing Condition: Good	Check the box (if applicable): Indicates the plumbing system condition is good.
RATING / UNDERWRITING	Plumbing Condition: Average	Check the box (if applicable): Indicates the plumbing system condition is average.
RATING / UNDERWRITING	Plumbing Condition: Below Average	Check the box (if applicable): Indicates the plumbing system condition is below average.
RATING / UNDERWRITING	Any Known Leaks? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates there are known leaks in the plumbing system.
RATING / UNDERWRITING	Roof Condition: Excellent	Check the box (if applicable): Indicates the condition of the roof is excellent.
RATING / UNDERWRITING	Roof Condition: Good	Check the box (if applicable): Indicates the condition of the roof is good.
RATING / UNDERWRITING	Roof Condition: Average	Check the box (if applicable): Indicates the condition of the roof is average.
RATING / UNDERWRITING	Roof Condition: Below Average	Check the box (if applicable): Indicates the condition of the roof is below average.

Section Name	Field Name	Field and/or Section Description
		Enter code: The material used to construct the roof. Examples: * Composition (fiberglass, asphalt, etc.) * Metal * Poured * Slate * Tile * Wood Shake/ (pleas this list is not all inclusive)
<b>RATING / UNDERWRITING</b>	<b>Roof Material</b>	
<b>RATING / UNDERWRITING</b>	<b>Distance to Tidal Water</b>	Enter number: The distance to the nearest tidal water.
<b>RATING / UNDERWRITING</b>	<b>Miles</b>	Check the box (if applicable): Indicates the distance to tidal water entered is in miles.
<b>RATING / UNDERWRITING</b>	<b>Feet</b>	Check the box (if applicable): Indicates the distance to tidal water entered is in feet.
<b>RATING / UNDERWRITING</b>	<b>Purchase Price</b>	Enter amount: The purchase price of the residence.
<b>RATING / UNDERWRITING</b>	<b>Purchase Date</b>	Enter date: The date the residence was purchased, (MM/DD/YYYY).
<b>RATING / UNDERWRITING</b>	<b>Visible from Road</b>	Check the box (if applicable): Indicates the structure is visible from the road.
<b>RATING / UNDERWRITING</b>	<b>Occupied Daily</b>	Check the box (if applicable): Indicates the residence usually has an adult home during the day.
<b>RATING / UNDERWRITING</b>	<b>Visible to Neighbors</b>	Check the box (if applicable): Indicates the structure is visible from another dwelling that is occupied during the day.
<b>RATING / UNDERWRITING</b>	<b>Central Smoke</b>	Check the box (if applicable): Indicates the smoke alarm notifies an outside service that in turn reports to the appropriate police or fire station.
<b>RATING / UNDERWRITING</b>	<b>Central Temp</b>	Check the box (if applicable): Indicates the temperature alarm reports to an outside service that in turn reports to the appropriate police or fire station.
<b>RATING / UNDERWRITING</b>	<b>Central Burglar</b>	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
<b>RATING / UNDERWRITING</b>	<b>Direct Smoke</b>	Check the box (if applicable): Indicates the smoke alarm reports directly to the appropriate fire station.
<b>RATING / UNDERWRITING</b>	<b>Direct Temp</b>	Check the box (if applicable): Indicates the temperature alarm reports directly to the appropriate fire station.
<b>RATING / UNDERWRITING</b>	<b>Direct Burglar</b>	Check the box (if applicable): Indicates the burglar alarm reports directly to the appropriate police station.
<b>RATING / UNDERWRITING</b>	<b>Local Smoke</b>	Check the box (if applicable): Indicates that the smoke alarm sounds or appears on the premises.
<b>RATING / UNDERWRITING</b>	<b>Local Temp</b>	Check the box (if applicable): Indicates the temperature alarm sounds or appears on the premises.
<b>RATING / UNDERWRITING</b>	<b>Local Burglar</b>	Check the box (if applicable): Indicates the burglar alarm sounds or appears outside the premises.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Distance to Fire Hydrant Feet	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
RATING / UNDERWRITING	Distance to Fire Station Miles	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
RATING / UNDERWRITING	# of Fire Divisions	Enter number: The number of fire divisions in the building.
RATING / UNDERWRITING	# Units Fire Division	Enter number: The number of units within a fire division.
RATING / UNDERWRITING	Deadbolt	Check the box (if applicable): Indicates that all exterior entry doors are fitted with deadbolt locks.
RATING / UNDERWRITING	Spring	Check the box (if applicable): Indicates that all exterior entry doors are fitted with spring locks.
RATING / UNDERWRITING	Other Door Lock Type	Check the box (if applicable): Indicates that all exterior entry doors are fitted with locks other than those listed.
RATING / UNDERWRITING	Other Door Lock Description	Enter text: The type of locks on exterior entry doors.
RATING / UNDERWRITING	Partial Sprinkler	Check the box (if applicable): Indicates the building is equipped with a partial fire sprinkler system.
RATING / UNDERWRITING	Full Sprinkler	Check the box (if applicable): Indicates the building is equipped with a full fire sprinkler system.
RATING / UNDERWRITING	Territory	Enter code: The industry or company specific code that identifies the rating territory for this item. The source of this code is individual insurer, Insurance Services Office or State Insurance Department manuals.
RATING / UNDERWRITING	Pers Liab Terr	Enter code: The personal liability territory code unique to owners, landlords and tenants needed for liability coverage.
RATING / UNDERWRITING	Protection Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
RATING / UNDERWRITING	Fire Extinguisher? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the residence is equipped with fire extinguisher(s).
RATING / UNDERWRITING	Fire District Name	Enter text: The property's fire district name.
RATING / UNDERWRITING	Fire District Code	Enter code: The property's fire district code number which can be found in the individual states manual pages.
RATING / UNDERWRITING	Primary Heat	Enter text: The primary type of fuel/power used for heating.
RATING / UNDERWRITING	None	Check the box (if applicable): Indicates the residence has no primary heat source.
RATING / UNDERWRITING	Secondary Heat	Enter text: The secondary type of fuel/power used for heating.
RATING / UNDERWRITING	None	Check the box (if applicable): Indicates the residence has no secondary heat source.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Date Heating System Last Serviced	Enter date: The date (MM/DD/YYYY) the heating system was last serviced.
RATING / UNDERWRITING	Copper	Check the box (if applicable): Indicates the residence has copper wiring.
RATING / UNDERWRITING	Aluminum	Check the box (if applicable): Indicates the residence has aluminum wiring.
RATING / UNDERWRITING	Knob & Tube	Check the box (if applicable): Indicates the residence has knob and tube wiring.
RATING / UNDERWRITING	Last Inspected Date	Enter date: The date the wiring was last inspected.
RATING / UNDERWRITING	Circuit Breakers	Check the box (if applicable): Indicates the electrical panel uses circuit breakers.
RATING / UNDERWRITING	Fuses	Check the box (if applicable): Indicates the electrical panel uses fuses.
RATING / UNDERWRITING	Number of Amps	Enter number: The electrical capacity of the wiring in amperes (amps).
RATING / UNDERWRITING	Year Built	Enter year: The year the structure was built (YYYY).
RATING / UNDERWRITING	Market Value	Enter amount: The current market value for which the residence could be sold.
RATING / UNDERWRITING	Replacement Cost	Enter amount: The estimated total dollar amount required to rebuild the residence without depreciation.
RATING / UNDERWRITING	Total Living Area Sq Feet	Enter number: The residence's total square footage of living area (excluding basements).
RATING / UNDERWRITING	Basement Area Sq Feet	Enter number: The residence's total square footage of the basement.
RATING / UNDERWRITING	Garage Area Sq Feet	Enter number: The residence's total square footage of the garage.
RATING / UNDERWRITING	Breezeway Area Sq Feet	Enter number: The residence's total square footage of the breezeway.
RATING / UNDERWRITING	# Rooms	Enter number: The total number of rooms in the residence, including full and half bathrooms.
RATING / UNDERWRITING	# Apartments	Enter number: The number of separate living units in structure.
RATING / UNDERWRITING	# Weeks Rented	Enter number: The number of weeks the residence is occupied or rented to others.
RATING / UNDERWRITING	# Families	Enter number: The number of separate family units in the dwelling.
RATING / UNDERWRITING	# Household Residents	Enter number: The number of residents in the household.
RATING / UNDERWRITING	Tax Codes	Enter code: The code which normally represents the location for which a surcharge is being applied (city, county or state).
RATING / UNDERWRITING	Building Code Grade	Enter code: The industry code used to collect the building code effectiveness grade code. The source of this code list is public protection classification or individual insurer rating manuals.
RATING / UNDERWRITING	Inspected? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the structure has been inspected specific to its Building Code effectiveness grade.
RATING / UNDERWRITING	Chimneys	Enter number: The total number of outside and inside chimneys in the residence.
RATING / UNDERWRITING	Hearths	Enter number: The total number of hearths in the residence.
RATING / UNDERWRITING	Pre-Fab	Enter number: The total number of prefabricated fireplaces in the residence.
RATING / UNDERWRITING	Wood Stove Insert	Enter number: The total number of wood stove inserts in the residence.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Non-Smoker	Check the box (if applicable): Indicates that a non-smoking rating credit may apply to the location.
RATING / UNDERWRITING	Manned Security	Check the box (if applicable): Indicates that a manned security rating credit may apply to the location.
RATING / UNDERWRITING	Lightning Protection	Check the box (if applicable): Indicates that a lightning protection rating credit may apply to the location.
RATING / UNDERWRITING	Off Premise Theft Excl	Check the box (if applicable): Indicates that an off premises theft exclusion rating credit may apply to the location.
RATING / UNDERWRITING	Other Rating Credit	Check the box (if applicable): Indicates that other rating credits may apply to the location.
RATING / UNDERWRITING	Other Rating Credit Description	Enter text: The description of the other rating credits that may apply.
RATING / UNDERWRITING	Other Rating Credit	Check the box (if applicable): Indicates that other rating credits may apply to the location.
RATING / UNDERWRITING	Other Rating Credit Description	Enter text: The description of the other rating credits that may apply.
RATING / UNDERWRITING	Swimming Pool: None	Check the box (if applicable): Indicates there is no swimming pool on the premises.
RATING / UNDERWRITING	Above Ground	Check the box (if applicable): Indicates the swimming pool is above ground.
RATING / UNDERWRITING	In Ground	Check the box (if applicable): Indicates the swimming pool is in the ground.
RATING / UNDERWRITING	Approved Fence	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.
RATING / UNDERWRITING	Diving Board	Check the box (if applicable): Indicates the swimming pool has a diving board.
RATING / UNDERWRITING	Slide	Check the box (if applicable): Indicates the swimming pool has a slide.
RATING / UNDERWRITING	Other Swimming Pool	Check the box (if applicable): Indicates there is additional information to describe the pool.
RATING / UNDERWRITING	Other Swimming Pool Description	Enter text: The additional information to describe the swimming pool.
RATING / UNDERWRITING	In City Limits	Check the box (if applicable): Indicates the residence is within the city limits.
RATING / UNDERWRITING	In Fire District	Check the box (if applicable): Indicates the residence is within a fire district.
RATING / UNDERWRITING	In Prot Suburb	Check the box (if applicable): Indicates the residence is within a protected suburb.
RATING / UNDERWRITING	Other Dwelling Location	Check the box (if applicable): Indicates the residence is other than those listed.
RATING / UNDERWRITING	Other Dwelling Location Description	Enter text: The description of the residence location.
RATING / UNDERWRITING	Class	Check the box (if applicable): Indicates the method of rating used for an HO-4 or HO-6 policy is class rating.
RATING / UNDERWRITING	Specific	Check the box (if applicable): Indicates the method of rating used for an HO-4 or HO-6 policy is specific rating.
RATING / UNDERWRITING	Foundation: None	Check the box (if applicable): Indicates there is no foundation on the structure.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Open	Check the box (if applicable): Indicates the foundation of the structure is open.
RATING / UNDERWRITING	Closed	Check the box (if applicable): Indicates the foundation of the structure is closed.
RATING / UNDERWRITING	Fuel Storage Tank - None (checkbox)	Check the box (if applicable): Indicates there is no fuel storage tank on the premises.
RATING / UNDERWRITING	Indoors, Above ground masonry floor (checkbox)	Check the box (if applicable): Indicates the fuel storage tank is located indoors, above ground on a masonry floor.
RATING / UNDERWRITING	Indoors, Above ground no masonry floor (checkbox)	Check the box (if applicable): Indicates the fuel storage tank is located indoors, above ground not on a masonry floor.
RATING / UNDERWRITING	Outdoors, Above ground (checkbox)	Check the box (if applicable): Indicates the fuel storage tank is outdoors and above ground.
RATING / UNDERWRITING	Outdoors, Below ground (checkbox)	Check the box (if applicable): Indicates the fuel storage tank is outdoors and below ground.
RATING / UNDERWRITING	Fuel Line Location - Underground (checkbox)	Check the box (if applicable): Indicates the fuel line is underground.
RATING / UNDERWRITING	Through foundation (checkbox)	Check the box (if applicable): Indicates the fuel line goes through the foundation.
RATING / UNDERWRITING	Wiring Partial	Check the box (if applicable): Indicates if partial wiring improvements have been made since the original construction.
RATING / UNDERWRITING	Wiring Comp	Check the box (if applicable): Indicates if complete wiring improvements have been made since the original construction.
RATING / UNDERWRITING	Wiring Year	Enter year: The year the wiring improvements took place.
RATING / UNDERWRITING	Plumbing Partial	Check the box (if applicable): Indicates if partial plumbing improvements have been made since the original construction.
RATING / UNDERWRITING	Plumbing Comp	Check the box (if applicable): Indicates if complete plumbing improvements have been made since the original construction.
RATING / UNDERWRITING	Plumbing Year	Enter year: The year the plumbing improvements took place.
RATING / UNDERWRITING	Heating Partial	Check the box (if applicable): Indicates if partial heating improvements have been made since the original construction.
RATING / UNDERWRITING	Heating Comp	Check the box (if applicable): Indicates if complete heating improvements have been made since the original construction.
RATING / UNDERWRITING	Heating Year	Enter year: The year the heating improvements took place.
RATING / UNDERWRITING	Roofing Partial	Check the box (if applicable): Indicates if partial roofing improvements have been made since the original construction.
RATING / UNDERWRITING	Roofing Comp	Check the box (if applicable): Indicates if complete roofing improvements have been made since the original construction.
RATING / UNDERWRITING	Roofing Year	Enter year: The year the roofing improvements took place.
RATING / UNDERWRITING	Exterior Paint Year	Enter year: The year the exterior of the structure was last painted.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>RATING / UNDERWRITING</b>	<b>Wind Class Resistive</b>	Check the box (if applicable): Indicates the wind class is resistive.
<b>RATING / UNDERWRITING</b>	<b>Wind Class Semi-Resistive</b>	Check the box (if applicable): Indicates the wind class is semi-resistive.
<b>RATING / UNDERWRITING</b>	<b>Wind Class Other Type</b>	Check the box (if applicable): Indicates the wind class is other than those listed.
<b>RATING / UNDERWRITING</b>	<b>Wind Class Other Description</b>	Enter text: The description of the wind class when "other" has been checked.
<b>RATING / UNDERWRITING</b>	<b>Storm Shutters A</b>	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind and debris.
<b>RATING / UNDERWRITING</b>	<b>Storm Shutters B</b>	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind only.
<b>RATING / UNDERWRITING</b>	<b>Storm Shutters Other Type</b>	Check the box (if applicable): Indicates the wind storm shutters are a class other than those listed.
<b>RATING / UNDERWRITING</b>	<b>Storm Shutters Other Description</b>	Enter text: The description of the wind storm shutter class.
<b>RATING / UNDERWRITING</b>	<b>Hurricane Resistive Glass</b>	Check the box (if applicable): Indicates the glass is resistive to hurricanes.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Builders Risk Theft Bldg Materials Included</b>	Check the box (if applicable): Indicates the builders risk theft of building materials coverage is included.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Limit</b>	Enter limit: The limit for builders risk theft of building materials coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Premium</b>	Enter amount: The premium for builders risk theft of building materials coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Collapse Due to Hydro-Static Pressure Included</b>	Check the box (if applicable): Indicates the builders risk collapse due to hydro-static pressure coverage is included.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Limit</b>	Enter limit: The limit for builders risk collapse due to hydro-static pressure.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Premium</b>	Enter amount: The premium for builders risk collapse due to hydro-static pressure.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Building Ord or Law Coverage Agg</b>	Enter limit: The aggregate limit for building ordinance or law coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Increment Amount</b>	Enter limit: The increased limit for building ordinance or law coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Building Ord or Law Coverage Included</b>	Check the box (if applicable): Indicates the building ordinance or law coverage is included.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>% Rebuild</b>	Enter percentage: The rebuild percentage for building ordinance or law coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Premium</b>	Enter amount: The premium for building ordinance or law coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal Included	Check the box (if applicable): Indicates the debris removal coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake % Deductible	Enter percentage: The percentage deductible for earthquake coverage if the deductible is expressed as a percentage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake Deductible Amount	Enter deductible: The deductible amount for earthquake coverage if the deductible is expressed in dollars.
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The earthquake zone (territory) associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Retrofit Type	Enter text: The type of earthquake retrofit for the residence.
OPTIONAL COVERAGES - ENDORSEMENTS	Mas Veneer %	Enter percentage: The percentage of construction that is masonry veneer.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for earthquake coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fire Department Service Charge Included	Check the box (if applicable): Indicates the fire department service charge coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for fire department surcharge coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Inflation Guard % Increase	Enter percentage: The increase percentage for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Loss Assessment Limit	Enter limit: The limit amount for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Mine Subsidence Limit	Enter limit: The limit for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Construction Material	Enter code: The type of construction material.
OPTIONAL COVERAGES - ENDORSEMENTS	Property Description	Enter text: The description of the property.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Premium</b>	Enter amount: The premium for mine subsidence coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Unit-Owners Additions &amp; Alterations Special Coverage Included</b>	Check the box (if applicable): Indicates unit owners additions and alterations special coverage is included.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Limit</b>	Enter limit: The limit for unit owners additions and alterations special coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Premium</b>	Enter amount: The premium for unit owners additions and alterations special coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Water Backup of Sewers and Drains Included</b>	Check the box (if applicable): Indicates water backup of sewers and drains coverage is included.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Limit</b>	Enter limit: The limit for water backup of sewers and drains coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Premium</b>	Enter amount: The premium for water backup of sewers and drains coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Windstorm Excl Yes</b>	Check the box (if applicable): Indicates that windstorm exclusion applies.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Premium</b>	Enter amount: The premium for windstorm exclusion.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Code</b>	Enter code: The code associated with the type of coverage being requested.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Description</b>	Enter text: The description of the coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Options</b>	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Options</b>	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Options</b>	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Limit</b>	Enter amount: The first limit associated with the coverage.
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Applies To</b>	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
<b>OPTIONAL COVERAGES - ENDORSEMENTS</b>	<b>Limit</b>	Enter amount: The second limit associated with the coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Description	Enter text: The description of the coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The first limit associated with the coverage.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
GENERAL INFORMATION	Any other insurance with this company? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any other insurance with this company?".
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
GENERAL INFORMATION	Has any coverage been declined, cancelled or non-renewed during the last three (3) years? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any coverage declined, cancelled or non-renewed during the mandated number of years (not applicable in Missouri)?".
GENERAL INFORMATION	Explanation	Enter Text: An explanation of any coverage declined within the last 3 years.
GENERAL INFORMATION	Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past five (5) years? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past specified number of years?".
GENERAL INFORMATION	Explanation	Enter Text: An explanation of any foreclosures or bankruptcies.
GENERAL INFORMATION	Has applicant had a judgement or lien during the past five (5) years? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has applicant had a judgment or lien during the past specified number of years?".
GENERAL INFORMATION	Explanation	Enter Text: An explanation of any judgment or liens within the last 5 years
GENERAL INFORMATION	Any other residence, not listed on any application, owned, occupied or rented? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any other residence, not listed on any application, owned, occupied or rented?".
GENERAL INFORMATION	Explanation	Enter Text: An explanation of any other residence owned or occupied.
GENERAL INFORMATION	Has insurance been transferred within agency? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has insurance been transferred within agency?".
GENERAL INFORMATION	Explanation	Enter Text: An explanation of insurance transferred within the agency.
GENERAL INFORMATION	During the last five (5) years [Ten (10) years in Rhode Island], has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "During the last five (5) years [ten (10) years in Rhode Island], has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any other property? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Explanation	Enter Text: An explanation of applicant convicted of fraud, bribery or arson.
GENERAL INFORMATION - RESIDENTIAL	Any business conducted on premises? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any business conducted on premises?".
GENERAL INFORMATION - RESIDENTIAL	Farming	Check the box (if applicable): Indicates farming is done on the premises.
GENERAL INFORMATION - RESIDENTIAL	Telecommuter	Check the box (if applicable): Indicates an individual telecommutes from the premises.
GENERAL INFORMATION - RESIDENTIAL	Day Care	Check the box (if applicable): Indicates a day care is run from the premises.
GENERAL INFORMATION - RESIDENTIAL	Number of Children	Enter number: The number of children attending the day care.
GENERAL INFORMATION - RESIDENTIAL	Home Office/Business	Check the box (if applicable): Indicates a home office or business is on the premises.
GENERAL INFORMATION - RESIDENTIAL	Other	Check the box (if applicable): Indicates business is conducted on the premises other than those listed.
GENERAL INFORMATION - RESIDENTIAL	Describe Other	Enter text: The description of the business conducted on the premises.
GENERAL INFORMATION - RESIDENTIAL	Any flooding, brush, forest fire or landslide hazard? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any flooding, brush, forest fire or landslide hazard?".
GENERAL INFORMATION - RESIDENTIAL	Explanation	Enter Text: An explanation of any forest fire landslide or flooding.
GENERAL INFORMATION - RESIDENTIAL	Are there any animals or exotic pets kept on premises? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Are there any animals or exotic pets on the premises?".
GENERAL INFORMATION - RESIDENTIAL	Animal Type	Enter code: The type of animal (e.g. cat, dog, horse, etc.)
GENERAL INFORMATION - RESIDENTIAL	Breed	Enter code: The breed of the animal (e.g. Doberman, German shepherd, etc.)
GENERAL INFORMATION - RESIDENTIAL	Bite History? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if any animal currently in the household has ever been involved in a bite incident.
GENERAL INFORMATION - RESIDENTIAL	Animal Type	Enter code: The type of animal (e.g. cat, dog, horse, etc.)
GENERAL INFORMATION - RESIDENTIAL	Breed	Enter code: The breed of the animal (e.g. Doberman, German shepherd, etc.)
GENERAL INFORMATION - RESIDENTIAL	Bite History? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if any animal currently in the household has ever been involved in a bite incident.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION - RESIDENTIAL	Is property situated on more than one acre? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is property situated on more than 1 acre?".
GENERAL INFORMATION - RESIDENTIAL	# of Acres	Enter number: The total area of the land in acres.
GENERAL INFORMATION - RESIDENTIAL	Land Used For	Enter text: The description of what the land is used for.
GENERAL INFORMATION - RESIDENTIAL	Any uncorrected fire or building code violations? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any uncorrected fire or building code violations?".
GENERAL INFORMATION - RESIDENTIAL	Explanation	Enter Text: An explanation of or any uncorrected fire code violations.
GENERAL INFORMATION - RESIDENTIAL	Is the dwelling for sale? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the dwelling/mobile home for sale?".
GENERAL INFORMATION - RESIDENTIAL	Is property within 300 feet of a commercial or non-residential property? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the property within 300 feet of a commercial or non-residential property?".
GENERAL INFORMATION - RESIDENTIAL	Explanation	Enter Text: An explanation if property is within 300 ft. of a commercial property.
GENERAL INFORMATION - RESIDENTIAL	Is there a trampoline on the premises? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there a trampoline on the premises?".
GENERAL INFORMATION - RESIDENTIAL	If "yes" is there a safety net? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the trampoline on the premises has a safety net.
GENERAL INFORMATION - RESIDENTIAL	Was the structure originally built for other than a private residence and then converted? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Was the structure originally built for other than a private residence and then converted?".
GENERAL INFORMATION - RESIDENTIAL	Original Occupancy	Enter text: The description of the original occupancy of the building.
GENERAL INFORMATION - RESIDENTIAL	Any Lead Paint? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any lead paint?".
GENERAL INFORMATION - RESIDENTIAL	Explanation	Enter Text: An explanation of any lead paint on the premises.
GENERAL INFORMATION - RESIDENTIAL	If a fuel tank is on premises, has other insurance been obtained for the tank? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "If a fuel tank is on premises, has other insurance been obtained for the tank?".
GENERAL INFORMATION - RESIDENTIAL	Insurance Company	Enter text: The insurer name on any other applicable insurance.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION - RESIDENTIAL	Limit	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL INFORMATION - RESIDENTIAL	Cleanup/Sublimit	Enter limit: The other policy, coverage sub limit amount.
GENERAL INFORMATION - RESIDENTIAL	Is the residence in a gated community? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the residence in a gated community?".
GENERAL INFORMATION - RESIDENTIAL	Name of Community	Enter text: The name of the gated community.
GENERAL INFORMATION - RESIDENTIAL	If building is under construction, is the applicant the general contractor? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "If building is under construction, is the applicant the general contractor?".
GENERAL INFORMATION - RESIDENTIAL	Start Date	Enter date: The date construction began.
GENERAL INFORMATION - RESIDENTIAL	Completion Date	Enter date: The estimated completion date for this construction project.
GENERAL INFORMATION - RESIDENTIAL	Int %	Enter percentage: The percentage of construction taking place in the interior of the structure.
GENERAL INFORMATION - RESIDENTIAL	Ext %	Enter percentage: The percentage of construction taking place in the exterior of the structure.
GENERAL INFORMATION - RESIDENTIAL	Addition Sq Ft	Enter number: The total area of the addition under construction in square feet.
GENERAL INFORMATION - RESIDENTIAL	Add Level Sq Ft	Enter number: The total area of the additional level under construction in square feet.
GENERAL INFORMATION - RESIDENTIAL	Structural Changes? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there will be structural changes as part of the construction.
GENERAL INFORMATION - RESIDENTIAL	Materials Unattached Included	Check the box (if applicable): Indicates materials that are not attached to the structure are included.
GENERAL INFORMATION - RESIDENTIAL	Materials Unattached Excluded	Check the box (if applicable): Indicates materials that are not attached to the structure are excluded.
GENERAL INFORMATION - RESIDENTIAL	Occ during renovation? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the structure will be occupied during construction and renovation.
GENERAL INFORMATION - RESIDENTIAL	Cost of Project	Enter amount: The total cost of construction of the structure

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION - RESIDENTIAL	Is there an approved carbon monoxide alarm in operating condition within the mandated number of feet of every room used for sleeping purposes? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there an approved carbon monoxide alarm in operating condition within the mandated number of feet of every room used for sleeping purposes?".
GENERAL INFORMATION - RESIDENTIAL	Is the named insured the owner of the property? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, " Is the named insured the owner of the property?".
GENERAL INFORMATION - RESIDENTIAL	Owner's Name	Enter text: The additional interest's full name.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
PRIOR COVERAGE	No Prior Coverage	Check the box (if applicable): Indicates there was no prior coverage.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	___ Years	Enter number: The number of years of loss information required by the insurer.
LOSS HISTORY	Any Losses, whether or not paid by insurance, during the last ___ years, at this or at any other location? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there have been any losses at any location, whether paid or not paid by insurance, in the last mandated number of years.
LOSS HISTORY	Applicant's Initials	Initial here: The named insured's initials.
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered By	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In Dispute Y/N?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.

Section Name	Field Name	Field and/or Section Description
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered By	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In Dispute Y/N?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered By	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In Dispute Y/N?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
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	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Trustee	Check the box (if applicable): Indicates the additional interest type is a trustee.
ADDITIONAL INTEREST	Other Interest	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST	Other Interest Description	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Certificate	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST	Send Bill	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
ADDITIONAL INTEREST	Name	Enter text: The additional interest's full name.
ADDITIONAL INTEREST	Address Line 1	Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST	Address Line 2	Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST	City	Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST	State	Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST	Zip	Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Country	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.
REMARKS / ATTACHMENTS	Earthquake Application	Check the box (if applicable): Indicates an earthquake application is attached.
REMARKS / ATTACHMENTS	Flood Exclusion Notice	Check the box (if applicable): Indicates a flood exclusion notice is attached.
REMARKS / ATTACHMENTS	Lead Free Paint Certification	Check the box (if applicable): Indicates a lead free paint certification is attached.
REMARKS / ATTACHMENTS	Personal Inland Marine Section	Check the box (if applicable): Indicates an inland marine application is attached.
REMARKS / ATTACHMENTS	Personal Umbrella Application Section	Check the box (if applicable): Indicates a personal umbrella section is attached to the policy.
REMARKS / ATTACHMENTS	Photograph	Check the box (if applicable): Indicates a photograph is attached.
REMARKS / ATTACHMENTS	Protection Device Certificate	Check the box (if applicable): Indicates a protection device certificate is attached.
REMARKS / ATTACHMENTS	Replacement Cost Estimate	Check the box (if applicable): Indicates a replacement cost estimate is attached.
REMARKS / ATTACHMENTS	Residence Based Business Supplement	Check the box (if applicable): Indicates a residence based business supplement is attached.
REMARKS / ATTACHMENTS	Solid Fuel Supplement	Check the box (if applicable): Indicates a solid fuel supplement is attached.
REMARKS / ATTACHMENTS	State Supplement(s)	Check the box (if applicable): Indicates a state supplement form is attached (if applicable).
REMARKS / ATTACHMENTS	Watercraft Section	Check the box (if applicable): Indicates a watercraft application is attached.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>REMARKS / ATTACHMENTS</b>	<b>Windstorm Loss Mitigation</b>	Check the box (if applicable): Indicates a windstorm loss mitigation form is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed.
<b>REMARKS / ATTACHMENTS</b>	<b>Describe Other</b>	Enter text: The description of the attachment.
<b>REMARKS / ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed.
<b>REMARKS / ATTACHMENTS</b>	<b>Describe Other</b>	Enter text: The description of the attachment.
<b>REMARKS / ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed.
<b>REMARKS / ATTACHMENTS</b>	<b>Describe Other</b>	Enter text: The description of the attachment.
<b>REMARKS / ATTACHMENTS</b>	<b>Remarks</b>	Enter text: The Dwelling Fire general remarks. Use this space for any additional information. Attach additional sheets if more space is required.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>BINDER / SIGNATURE</b>	<b>Effective Date</b>	Enter date: The date on which the terms and conditions of the binder commenced. This date normally coincides with the effective date of the policy or of an endorsement to the policy.
<b>BINDER / SIGNATURE</b>	<b>Time</b>	Enter time: The time of the binder effective date that the binder becomes effective.
<b>BINDER / SIGNATURE</b>	<b>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will or have expired. Certain state laws limit the terms of a binder, so this date may not coincide with the policy expiration date.
<b>BINDER / SIGNATURE</b>	<b>12:01</b>	Check the box (if applicable): Indicates the binder expires at 12:01 AM on the expiration date.
<b>BINDER / SIGNATURE</b>	<b>Noon</b>	Check the box (if applicable): Indicates the binder expires at 12:00 noon on the expiration date.
<b>BINDER / SIGNATURE</b>	<b>Coverage Not Bound</b>	Check the box (if applicable): Indicates the coverage has not been bound.
<b>BINDER / SIGNATURE</b>	<b>Applicant's Initials</b>	Initial here: The named insured's initials.
<b>BINDER / SIGNATURE</b>	<b>Copy of Notice of Information Practices</b>	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices has been given to the applicant.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>BINDER / SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.
<b>BINDER / SIGNATURE</b>	<b>Producer's Name</b>	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
<b>BINDER / SIGNATURE</b>	<b>State Producer License Number</b>	Enter identifier: The State License Number of the producer.
<b>BINDER / SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>BINDER / SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>BINDER / SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).