

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 89 (2012/02)	Residential Section	The title of the form. ACORD 89, Residential Section, is used to apply for a policy with multiple types of coverage and must be attached to the base form, ACORD 88, Personal Lines Application. The underwriting process for any personal lines policy begins with the submission of a completed application.
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.
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	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	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
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.
INSURANCE REQUESTED	Homeowners (checkbox)	Check the box (if applicable): Indicates the type of policy is homeowners.
INSURANCE REQUESTED	Dwelling Fire (checkbox)	Check the box (if applicable): Indicates the type of policy is dwelling fire.
INSURANCE REQUESTED	Mobile Home (checkbox)	Check the box (if applicable): Indicates the type of policy is mobile home.
INSURANCE REQUESTED	Form #	Enter code: Indicates the policy form being used (e.g. HO-2, HO-4, etc.)
INSURANCE REQUESTED	Fire (checkbox)	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Basic.
INSURANCE REQUESTED	Fire & EC (checkbox)	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Extended Coverage.
INSURANCE REQUESTED	Fire, EC & VMM (checkbox)	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Extended Coverage And Vandalism and Malicious Mischief.
INSURANCE REQUESTED	Broad (checkbox)	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Broad (HO-2).

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INSURANCE REQUESTED	Special (checkbox)	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Special.
IDENTIFICATION SECTION	Payor Applicant (checkbox)	Check the box (if applicable): Indicates the payor of the policy is the insured.
IDENTIFICATION SECTION	Payor Mortgagee (checkbox)	Check the box (if applicable): Indicates the payor of the policy is the mortgagee.
IDENTIFICATION SECTION	Payor Other (checkbox)	Check the box (if applicable): Indicates the payor of the policy is other than those listed.
IDENTIFICATION SECTION	Payor Other Description	Enter text: The description of the payor of the policy.
IDENTIFICATION SECTION	Date Agent Last inspected property	Enter date: The date the producer last inspected the structure.
IDENTIFICATION SECTION	Estimated Annual Premium	Enter amount: The estimated annual premium for the residential line of business.
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 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 Premiums	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 Premiums	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).
COVERAGES / LIMITS OF LIABILITY	Blanket Premium	Enter amount: The premium associated with blanket coverage.

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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 Each Occurrence Limit	Enter limit: The limit associated with personal liability each occurrence coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Liability Each Occurrence Premium	Enter amount: The premium associated with personal liability coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Each Person Limit	Enter limit: The limit associated with medical payments each person coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Each Person Premium	Enter amount: The premium associated with medical payments coverage.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Full Value - Included	Check the box (if applicable): Indicates that replacement cost full value coverage is included.
COVERAGES / LIMITS OF LIABILITY	Max %	Enter percentage: The maximum percentage of increased replacement cost selected in accordance with the company rules.
COVERAGES / LIMITS OF LIABILITY	Premium	Enter amount: The premium for full value replacement cost coverage.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Dwelling - Included	Check the box (if applicable): Indicates that replacement cost - dwelling coverage is included.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Dwelling - Premium	Enter amount: The premium for replacement cost - dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Contents - Included	Check the box (if applicable): Indicates that replacement cost - contents coverage is included.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Contents - Premium	Enter amount: The premium for replacement cost - contents coverage.
DEDUCTIBLES	Base Amount	Enter deductible: The base deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Base Percentage	Enter percentage: The base percentage deductible if the deductible is expressed as a percentage.

Section Name	Field Name	Field and/or Section Description
DEDUCTIBLES	Base Type	Enter code: The deductible type (e.g. flat, percentage) for the base deductible.
DEDUCTIBLES	Wind / Hail Amount	Enter deductible: The wind/hail deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Wind / Hail Percentage	Enter percentage: The wind/hail percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Wind / Hail Type	Enter code: The deductible type (e.g. flat, percentage) for the wind/hail deductible.
DEDUCTIBLES	Theft Amount	Enter deductible: The theft deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Theft Percentage	Enter percentage: The theft percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Theft Type	Enter code: The deductible type (e.g. flat, percentage) for the theft deductible.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Named Hurricane Amount	Enter deductible: The named hurricane deductible amount if the deductible is expressed as a dollar amount. As used here, Named Hurricane is known as Named Storm in North Carolina.
DEDUCTIBLES	Named Hurricane Percentage	Enter percentage: The named hurricane percentage deductible if the deductible is expressed as a percentage. As used here, Named Hurricane is known as Named Storm Percentage Deductible in North Carolina.
DEDUCTIBLES	Named Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the named hurricane deductible. As used here, Named Hurricane is known as Named Storm in North Carolina.
DEDUCTIBLES	Annual Hurricane Amount	Enter deductible: The annual hurricane deductible amount if the deductible is expressed as a dollar amount. As used here, this is not applicable in North Carolina.
DEDUCTIBLES	Annual Hurricane Percentage	Enter percentage: The annual hurricane percentage deductible if the deductible is expressed as a percentage. As used here, this is not applicable in North Carolina.
DEDUCTIBLES	Annual Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the annual hurricane deductible. As used here, this is not applicable in North Carolina.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.

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DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
RATING / UNDERWRITING	Masonry Veneer (checkbox)	Check the box (if applicable): Indicates the construction of the structure is masonry veneer.
RATING / UNDERWRITING	Percent Masonry Veneer (checkbox)	Enter percentage: The percentage of the structure that is masonry veneer.
RATING / UNDERWRITING	Frame (checkbox)	Check the box (if applicable): Indicates the construction of the structure is frame.
RATING / UNDERWRITING	Percent Frame	Enter percentage: The percentage of the structure that is frame.
RATING / UNDERWRITING	Masonry (checkbox)	Check the box (if applicable): Indicates the construction of the structure is masonry.
RATING / UNDERWRITING	Percent Masonry	Enter percentage: The percentage of the structure that is masonry.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the construction of the structure is other than those listed.
RATING / UNDERWRITING	Other Description	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
RATING / UNDERWRITING	Percent Other	Enter percentage: The percentage of the structure that is other than those types listed.
RATING / UNDERWRITING	Aluminum Siding (checkbox)	Check the box (if applicable): Indicates the siding on the structure is aluminum.
RATING / UNDERWRITING	Percent Aluminum Siding	Enter percentage: The percentage of the structure that is sided in aluminum.
RATING / UNDERWRITING	Stucco (checkbox)	Check the box (if applicable): Indicates the siding on the structure is stucco.
RATING / UNDERWRITING	Percent Stucco	Enter percentage: The percentage of the structure that is sided in stucco.
RATING / UNDERWRITING	Vinyl Siding / Plastic (checkbox)	Check the box (if applicable): Indicates the siding on the structure is vinyl or plastic.
RATING / UNDERWRITING	Percent Vinyl Siding / Plastic	Enter percentage: The percentage of the structure that is sided in vinyl or plastic.

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RATING / UNDERWRITING	Cedar Wood Shingle (checkbox)	Check the box (if applicable): Indicates the siding on the structure is cedar or wood shingle.
RATING / UNDERWRITING	Percent Cedar Wood Shingle	Enter percentage: The percentage of the structure that is sided in cedar or wood shingle.
RATING / UNDERWRITING	EIFSCB (on Cinder Block) (checkbox)	Check the box (if applicable): Indicates the siding on the structure is exterior insulation and finishing system on cinder block (EIFSCB).
RATING / UNDERWRITING	Percent EIFSCB (on Cinder Block)	Enter percentage: The percentage of the structure that is sided in exterior insulation and finishing system on cinder block (EIFSCB)
RATING / UNDERWRITING	EIFSS (on Studs) (checkbox)	Check the box (if applicable): Indicates the siding on the structure is exterior insulation and finishing system on studs (EIFSS).
RATING / UNDERWRITING	Percent EIFSS (on Studs)	Enter percentage: The percentage of the structure that is sided in exterior insulation and finishing system on studs (EIFSS).
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the siding on the structure is other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The type of siding on the structure.
RATING / UNDERWRITING	Percent Other Siding	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 (checkbox)	Check the box (if applicable): Indicates that this is the primary residence.
RATING / UNDERWRITING	Secondary (checkbox)	Check the box (if applicable): Indicates that this is a secondary residence.
RATING / UNDERWRITING	Seasonal (checkbox)	Check the box (if applicable): Indicates that this is a seasonal residence.
RATING / UNDERWRITING	Farm (checkbox)	Check the box (if applicable): Indicates the residence is a farm.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the usage of the residence is other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the usage of the residence.
RATING / UNDERWRITING	Builders Risk (checkbox)	Check the box (if applicable): Indicates the structure is new construction (builders risk).
RATING / UNDERWRITING	Renovation (checkbox)	Check the box (if applicable): Indicates the structure is being renovated.
RATING / UNDERWRITING	Reconstruction (checkbox)	Check the box (if applicable): Indicates the structure is being reconstructed.
RATING / UNDERWRITING	Owner (checkbox)	Check the box (if applicable): Indicates the residence is occupied by the owner.
RATING / UNDERWRITING	Tenant (checkbox)	Check the box (if applicable): Indicates the residence is occupied by tenants.
RATING / UNDERWRITING	Unoccupied (checkbox)	Check the box (if applicable): Indicates the residence is unoccupied.
RATING / UNDERWRITING	Vacant (checkbox)	Check the box (if applicable): Indicates the residence is vacant.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the residence is occupied by other than those listed.

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RATING / UNDERWRITING	Other Description	Enter text: The description of the inhabitants of the residence.
RATING / UNDERWRITING	Residence Type- Dwelling (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a dwelling.
RATING / UNDERWRITING	Apartment (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is an apartment.
RATING / UNDERWRITING	Condominium (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a condominium.
RATING / UNDERWRITING	Townhouse (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a townhouse.
RATING / UNDERWRITING	Rowhouse (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a row house.
RATING / UNDERWRITING	Co-Op (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a cooperative.
RATING / UNDERWRITING	Mobile Home (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a mobile home.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the type of residence (e.g. apartment, condominium, etc.).
RATING / UNDERWRITING	Excellent (checkbox)	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is excellent.
RATING / UNDERWRITING	Good (checkbox)	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is good.
RATING / UNDERWRITING	Average (checkbox)	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is average.
RATING / UNDERWRITING	Below Average (checkbox)	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is below average.
RATING / UNDERWRITING	Plumbing Condition - Excellent (checkbox)	Check the box (if applicable): Indicates the plumbing system condition is excellent.
RATING / UNDERWRITING	Good (checkbox)	Check the box (if applicable): Indicates the plumbing system condition is good.
RATING / UNDERWRITING	Average (checkbox)	Check the box (if applicable): Indicates the plumbing system condition is average.
RATING / UNDERWRITING	Below Average (checkbox)	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.

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RATING / UNDERWRITING	Roof Condition - Excellent (checkbox)	Check the box (if applicable): Indicates the condition of the roof is excellent.
RATING / UNDERWRITING	Good (checkbox)	Check the box (if applicable): Indicates the condition of the roof is good.
RATING / UNDERWRITING	Average (checkbox)	Check the box (if applicable): Indicates the condition of the roof is average.
RATING / UNDERWRITING	Below Average (checkbox)	Check the box (if applicable): Indicates the condition of the roof is below average.
RATING / UNDERWRITING	Roof Material	Enter code: The material used to construct the roof. Examples: <ul style="list-style-type: none"> * Composition (fiberglass, asphalt, etc.) * Metal * Poured * Slate * Tile * Wood Shake/ (pleas this list is not all inclusive)
RATING / UNDERWRITING	Distance To Tidal Water	Enter number: The distance to the nearest tidal water.
RATING / UNDERWRITING	Miles (checkbox)	Check the box (if applicable): Indicates the distance to tidal water entered is in miles.
RATING / UNDERWRITING	Feet (checkbox)	Check the box (if applicable): Indicates the distance to tidal water entered is in feet.
RATING / UNDERWRITING	Purchase Price	Enter amount: The purchase price of the residence.
RATING / UNDERWRITING	Purchase Date	Enter date: The date the residence was purchased, (MM/DD/YYYY).
RATING / UNDERWRITING	Security - Visible from road (checkbox)	Check the box (if applicable): Indicates the structure is visible from the road.
RATING / UNDERWRITING	Visible to neighbors (checkbox)	Check the box (if applicable): Indicates the structure is visible from another dwelling that is occupied during the day.
RATING / UNDERWRITING	Occupied Daily (checkbox)	Check the box (if applicable): Indicates the residence usually has an adult home during the day.
RATING / UNDERWRITING	Protection Device Type - Central / Smoke	Check the box (if applicable): Indicates the smoke alarm notifies an outside service that in turn reports to the appropriate police or fire station.
RATING / UNDERWRITING	Central / Temp	Check the box (if applicable): Indicates the temperature alarm reports to an outside service that in turn reports to the appropriate police or fire station.
RATING / UNDERWRITING	Central / Burglar	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
RATING / UNDERWRITING	Direct / Smoke	Check the box (if applicable): Indicates the smoke alarm reports directly to the appropriate fire station.
RATING / UNDERWRITING	Direct / Temp	Check the box (if applicable): Indicates the temperature alarm reports directly to the appropriate fire station.
RATING / UNDERWRITING	Direct / Burglar	Check the box (if applicable): Indicates the burglar alarm reports directly to the appropriate police station.

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RATING / UNDERWRITING	Local / Smoke	Check the box (if applicable): Indicates that the smoke alarm sounds or appears on the premises.
RATING / UNDERWRITING	Local / Temp	Check the box (if applicable): Indicates the temperature alarm sounds or appears on the premises.
RATING / UNDERWRITING	Local / Burglar	Check the box (if applicable): Indicates the burglar alarm sounds or appears outside the premises.
RATING / UNDERWRITING	Distance to 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 Div	Enter number: The number of units within a fire division.
RATING / UNDERWRITING	Deadbolt (checkbox)	Check the box (if applicable): Indicates that all exterior entry doors are fitted with deadbolt locks.
RATING / UNDERWRITING	Spring (checkbox)	Check the box (if applicable): Indicates that all exterior entry doors are fitted with spring locks.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates that all exterior entry doors are fitted with locks other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The type of locks on exterior entry doors.
RATING / UNDERWRITING	Sprinkler: Partial (checkbox)	Check the box (if applicable): Indicates the building is equipped with a partial fire sprinkler system.
RATING / UNDERWRITING	Full (checkbox)	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	Prot Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
RATING / UNDERWRITING	Fire 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.

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RATING / UNDERWRITING	Primary Heat	Enter text: The primary type of fuel/power used for heating.
RATING / UNDERWRITING	None (checkbox)	Check the box (if applicable): Indicates the residence has no primary heat source.
RATING / UNDERWRITING	Secondary:	Enter text: The secondary type of fuel/power used for heating.
RATING / UNDERWRITING	None (checkbox)	Check the box (if applicable): Indicates the residence has no secondary heat source.
RATING / UNDERWRITING	Date Heating System Last Serviced	Enter date: The date (MM/DD/YYYY) the heating system was last serviced.
RATING / UNDERWRITING	Copper (checkbox)	Check the box (if applicable): Indicates the residence has copper wiring.
RATING / UNDERWRITING	Aluminum (checkbox)	Check the box (if applicable): Indicates the residence has aluminum wiring.
RATING / UNDERWRITING	Knob & Tube (checkbox)	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 (checkbox)	Check the box (if applicable): Indicates the electrical panel uses circuit breakers.
RATING / UNDERWRITING	Fuses (checkbox)	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 Ft	Enter number: The residence's total square footage of living area (excluding basements).
RATING / UNDERWRITING	Basement Area	Enter number: The residence's total square footage of the basement.
RATING / UNDERWRITING	Garage Area	Enter number: The residence's total square footage of the garage.
RATING / UNDERWRITING	Breezeway Area	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 Code	Enter code: The code which normally represents the location for which a surcharge is being applied (city, county or state).
RATING / UNDERWRITING	Bldg Code Grade	Enter code: The industry code used to collect the building code effectiveness grade code. The source of this code list is public protection classification or individual insurer rating manuals.
RATING / UNDERWRITING	Building Code Grade - Inspected Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the structure has been inspected specific to its Building Code effectiveness grade.

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RATING / UNDERWRITING	Fireplaces - Chimneys	Enter number: The total number of outside and inside chimneys in the residence. As used here, enter '0' for none.
RATING / UNDERWRITING	Hearths	Enter number: The total number of hearths in the residence. As used here, enter '0' for none.
RATING / UNDERWRITING	Pre-Fab	Enter number: The total number of prefabricated fireplaces in the residence. As used here, enter '0' for none.
RATING / UNDERWRITING	Wood stove insert	Enter number: The total number of wood stove inserts in the residence. As used here, enter '0' for none.
RATING / UNDERWRITING	Rating Credits - Non-Smoker (checkbox)	Check the box (if applicable): Indicates that a non-smoking rating credit may apply to the location.
RATING / UNDERWRITING	Manned Security (checkbox)	Check the box (if applicable): Indicates that a manned security rating credit may apply to the location.
RATING / UNDERWRITING	Lightning Protection (checkbox)	Check the box (if applicable): Indicates that a lightning protection rating credit may apply to the location.
RATING / UNDERWRITING	Off Premises Theft Exclusion (checkbox)	Check the box (if applicable): Indicates that an off premises theft exclusion rating credit may apply to the location.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates that other rating credits may apply to the location.
RATING / UNDERWRITING	Other Description	Enter text: The description of the other rating credits that may apply.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates that other rating credits may apply to the location.
RATING / UNDERWRITING	Other Description	Enter text: The description of the other rating credits that may apply.
RATING / UNDERWRITING	Swimming Pool - None (checkbox)	Check the box (if applicable): Indicates there is no swimming pool on the premises.
RATING / UNDERWRITING	Above ground (checkbox)	Check the box (if applicable): Indicates the swimming pool is above ground.
RATING / UNDERWRITING	In-Ground (checkbox)	Check the box (if applicable): Indicates the swimming pool is in the ground.
RATING / UNDERWRITING	Approved Fence (checkbox)	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.
RATING / UNDERWRITING	Diving Board (checkbox)	Check the box (if applicable): Indicates the swimming pool has a diving board.
RATING / UNDERWRITING	Slide (checkbox)	Check the box (if applicable): Indicates the swimming pool has a slide.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates there is additional information to describe the pool.
RATING / UNDERWRITING	Other Description (checkbox)	Enter text: The additional information to describe the swimming pool.
RATING / UNDERWRITING	Dwelling Location - In City Limits (checkbox)	Check the box (if applicable): Indicates the residence is within the city limits.
RATING / UNDERWRITING	In Fire District (checkbox)	Check the box (if applicable): Indicates the residence is within a fire district.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	In Protected Suburb (checkbox)	Check the box (if applicable): Indicates the residence is within a protected suburb.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the residence is other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the residence location.
RATING / UNDERWRITING	Rating- Class (checkbox)	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 (checkbox)	Check the box (if applicable): Indicates the method of rating used for an HO-4 or HO-6 policy is specific rating.
RATING / UNDERWRITING	None	Check the box (if applicable): Indicates there is no foundation on the structure.
RATING / UNDERWRITING	Foundation - Open (checkbox)	Check the box (if applicable): Indicates the foundation of the structure is open.
RATING / UNDERWRITING	Closed (checkbox)	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	Renovations - Wiring - Part	Check the box (if applicable): Indicates if partial wiring improvements have been made since the original construction.
RATING / UNDERWRITING	Wiring - Complete	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 - Part	Check the box (if applicable): Indicates if partial plumbing improvements have been made since the original construction.
RATING / UNDERWRITING	Plumbing - Complete	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 - Part	Check the box (if applicable): Indicates if partial heating improvements have been made since the original construction.

Section Name	Field Name	Field and/or Section Description
RATING / UNDERWRITING	Heating - Complete	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 - Part	Check the box (if applicable): Indicates if partial roofing improvements have been made since the original construction.
RATING / UNDERWRITING	Roofing - Complete	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.
RATING / UNDERWRITING	Wind Class - Resistive (checkbox)	Check the box (if applicable): Indicates the wind class is resistive.
RATING / UNDERWRITING	Semi-resistive (checkbox)	Check the box (if applicable): Indicates the wind class is semi-resistive.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the wind class is other than those listed.
RATING / UNDERWRITING	Other Description.	Enter text: The description of the wind class when "other" has been checked.
RATING / UNDERWRITING	Storm Shutters - A (checkbox)	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind and debris.
RATING / UNDERWRITING	B (checkbox)	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind only.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the wind storm shutters are a class other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the wind storm shutter class.
RATING / UNDERWRITING	Hurricane Resistive Glass (checkbox)	Check the box (if applicable): Indicates the glass is resistive to hurricanes.
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.
OPTIONAL COVERAGES - ENDORSEMENTS	Additional Premises Liability Extension - # Premises	Enter number: The number of premises covered by the additional premises liability extension. This is used when you don't have the full detail about the individual locations.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium (\$)	Enter amount: The premium associated with additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Loc #	Enter number: The producer assigned location number for the premises covered by additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	Terr:	Enter code: The liability territory for the location specified.

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

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Theft of building Materials Included (checkbox)	Check the box (if applicable): Indicates the builders risk theft of building materials coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for builders risk theft of building materials coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for builders risk theft of building materials coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Collapse due to hydro-static pressure - Included	Check the box (if applicable): Indicates the builders risk collapse due to hydro-static pressure coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for builders risk collapse due to hydro-static pressure.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for builders risk collapse due to hydro-static pressure.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Aggregate Limit	Enter limit: The aggregate limit for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Increase Limit	Enter limit: The increased limit for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Included (checkbox)	Check the box (if applicable): Indicates the building ordinance or law coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Rebuild %	Enter percentage: The rebuild percentage for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property At Home - Included	Check the box (if applicable): Indicates the business property at home coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for business property at home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for business property at home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property Away From Home - Included	Check the box (if applicable): Indicates the business property away from home coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for business property away from home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for business property away from home 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 - % Ded	Enter percentage: The percentage deductible for earthquake coverage if the deductible is expressed as a percentage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Deductible Amount	Enter deductible: The deductible amount for earthquake coverage if the deductible is expressed in dollars.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Territory	Enter code: The earthquake zone (territory) associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Retrofit Type	Enter text: The type of earthquake retrofit for the residence.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - % Masonry Veneer	Enter percentage: The percentage of construction that is masonry veneer.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Premium	Enter amount: The premium for earthquake coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Employers Liability Limit	Enter limit: The limit amount for employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Employers Liability - # of Employees	Enter number: The number of employees associated with employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Employers Liability - Premium	Enter amount: The premium for employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Equipment Breakdown Included (checkbox)	Check the box (if applicable): Indicates the equipment breakdown coverage is included. As used here, not applicable in North Carolina.
OPTIONAL COVERAGES - ENDORSEMENTS	Equipment Breakdown Deductible	Enter deductible: The deductible associated with equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Equipment Breakdown Limit	Enter limit: The limit associated with equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Equipment Breakdown Premium	Enter amount: The premium for equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fire Department Service Charge - Included (checkbox)	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.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Flood - Building Limit	Enter limit: The building limit for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Flood - Contents Limit	Enter limit: The contents limit for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Flood - Premium	Enter amount: The premium for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Excl Liability	Check the box (if applicable): Indicates that liability is excluded from fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Excl Prop Damage	Check the box (if applicable): Indicates that property damage is excluded from fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Property	Enter limit: The property limit for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Liability	Enter limit: The liability limit for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Premium	Enter amount: The premium for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts Included (checkbox)	Check the box (if applicable): Indicates the golf cart liability coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - # of Golf Carts	Enter number: The number of golf carts to be covered.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - Description	Enter text: The description of the golf carts.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - Premium	Enter amount: The premium for golf cart liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - Physical Damage - Limit	Enter limit: The limit for golf cart physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - Physical Damage - Premium	Enter amount: The premium for golf cart physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Identity Fraud Expense - Included (checkbox)	Check the box (if applicable): Indicates identity fraud expense coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Identity Fraud Expense - Limit	Enter limit: The limit for identity fraud expense coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Identity Fraud Expense - Premium	Enter amount: The premium for identity fraud expense coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Incidentals Farming Pers Liab - Medical Payments	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments is included in the incidental farming personal liability coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Incidentals Farming Pers Liab - Premium	Enter amount: The premium for incidental farming coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability Limits - Electrical Apparatus In and Out Of Vehicle - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability Limits - Electrical Apparatus In Vehicle - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage c special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability - Guns - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage c special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability - Money - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage c special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability - Securities - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - securities.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - securities.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage c special liability limit - securities.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability - Silverware - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - silverware.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - silverware.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage c special liability limit -silverware.
OPTIONAL COVERAGES - ENDORSEMENTS	Inflation Guard - Percentage Increase	Enter percentage: The increase percentage for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Inflation Guard 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	Loss Assessment - 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	Mine Subsidence - Const Material	Enter code: The type of construction material.
OPTIONAL COVERAGES - ENDORSEMENTS	Mine Subsidence - Property Desc	Enter text: The description of the property.
OPTIONAL COVERAGES - ENDORSEMENTS	Mine Subsidence - Premium	Enter amount: The premium for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Office, Professional Private School, Studio - Residence Premises - Requires Incr Contents (checkbox)	Check the box (if applicable): Indicates that increased contents is required for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Office, Professional Private School, Studio - Residence Premises - Incr Contents Limit	Enter limit: The increased contents limit for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Incr Cont Not Required (checkbox)	Check the box (if applicable): Indicates that increased contents is not required for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Other Structures	Enter limit: The other structures limit for office, professional private school, studio - residence premises coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Med Pay	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments is included in the office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The territory for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Structure Type	Enter code: The type of structure for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business / Structure Description	Enter text: The description of the business or structure for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Other Structures - Individual Structure - Limit	Enter limit: The limit for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Structure Desc	Enter text: The description of the individual structure for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Plants, Shrubs & Trees - Included (checkbox)	Check the box (if applicable): Indicates that plants, shrubs and trees coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Plants, Shrubs & Trees - Limit	Enter limit: The limit for plants, shrubs and trees coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Plants, Shrubs & Trees - Premium	Enter amount: The premium for plants, shrubs and trees coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Refrigerated Food Products - Included	Check the box (if applicable): Indicates that refrigerated food products coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Refrigerated Food Products - Limit	Enter amount: The limit for refrigerated food products coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Refrigerated Food Products - Premium	Enter amount: The premium for refrigerated food products coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Sink Hole Collapse - Included	Check the box (if applicable): Indicates sink hole collapse coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Sink Hole Collapse - Premium	Enter amount: The premium for sink hole collapse.
OPTIONAL COVERAGES - ENDORSEMENTS	Unit-Owners Additions & Alterations Special Coverage - Included	Check the box (if applicable): Indicates unit owners additions and alterations special coverage is included.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Unscheduled Jewelry, Watches, Furs - Aggregate	Enter limit: The aggregate limit for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased	Enter limit: The increased limit for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Water Backup of Sewers & Drains - Included	Check the box (if applicable): Indicates water backup of sewers and drains coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Watercraft Liability - Limit	Enter limit: The limit for watercraft liability coverage if you are not using a Watercraft application.
OPTIONAL COVERAGES - ENDORSEMENTS	Watercraft Liability - Premium	Enter amount: The premium for watercraft liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Watercraft Physical Damage Physical Damage - Limit	Enter limit: The limit for watercraft physical damage coverage if you are not using a Watercraft application.
OPTIONAL COVERAGES - ENDORSEMENTS	Watercraft Physical Damage - Premium	Enter amount: The premium for watercraft physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Windstorm Exclusion - Yes	Check the box (if applicable): Indicates that windstorm exclusion applies. As used here, this is not applicable in Arkansas.
OPTIONAL COVERAGES - ENDORSEMENTS	Windstorm Exclusion - Premium	Enter amount: The premium for windstorm exclusion.
OPTIONAL COVERAGES - ENDORSEMENTS	Workers Compensation - Full Time Inservant - # of Employees	Enter number: The number of employees associated with workers compensation full time In Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for workers compensation full time In Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Coverage 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 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 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	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	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	Coverage 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 1	Enter amount: The first limit associated with the coverage.

Section Name	Field Name	Field and/or Section Description
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 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	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	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	Coverage 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 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 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	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	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	Coverage 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 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 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	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	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	Coverage 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 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 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	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	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	Coverage 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.).

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	Limit 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 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	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	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.
GENERAL INFORMATION	1. Any business conducted on premises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any business conducted on premises?".
GENERAL INFORMATION	Farming (checkbox)	Check the box (if applicable): Indicates farming is done on the premises.
GENERAL INFORMATION	Telecommuter (checkbox)	Check the box (if applicable): Indicates an individual telecommutes from the premises.
GENERAL INFORMATION	Day Care (checkbox)	Check the box (if applicable): Indicates a day care is run from the premises.
GENERAL INFORMATION	Day Care # of children (checkbox)	Enter number: The number of children attending the day care.
GENERAL INFORMATION	Home Office / business (checkbox)	Check the box (if applicable): Indicates a home office or business is on the premises.
GENERAL INFORMATION	Other	Check the box (if applicable): Indicates business is conducted on the premises other than those listed.
GENERAL INFORMATION	Other Description	Enter text: The description of the business conducted on the premises.
GENERAL INFORMATION	2. Any residence employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any residence employees?".
GENERAL INFORMATION	# of Full Time Employees	Enter number: The number of full time residence employees.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Description of Full Time Employees	Enter text: The description of the type of work performed by full time residence employees.
GENERAL INFORMATION	# of Part Time Employees	Enter number: The number of part time residence employees.
GENERAL INFORMATION	Description of Part Time Employees	Enter text: The description of the type of work performed by part time residence employees.
GENERAL INFORMATION	3. Any flooding, brush, forest fire or landslide hazard?	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	Hazards - Description	Enter Text: An explanation of any forest fire landslide or flooding.
GENERAL INFORMATION	4. Are there any animals or exotic pets kept on the premises?	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	Animals - Animal Type	Enter code: The type of animal (e.g. cat, dog, horse, etc.)
GENERAL INFORMATION	Animals - Breed	Enter code: The breed of the animal (e.g. Doberman, German shepherd, etc.)
GENERAL INFORMATION	Animals - Bite History	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	Animals - Animal Type	Enter code: The type of animal (e.g. cat, dog, horse, etc.)
GENERAL INFORMATION	Animals - Breed	Enter code: The breed of the animal (e.g. Doberman, German shepherd, etc.)
GENERAL INFORMATION	Animals - Bite History	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.
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	5. Is property situated on more than one acre?	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	Number of acres	Enter number: The total area of the land in acres.
GENERAL INFORMATION	Land Used for	Enter text: The description of what the land is used for.
GENERAL INFORMATION	6. Any uncorrected fire or building code violations?	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	Description	Enter Text: An explanation of or any uncorrected fire code violations.
GENERAL INFORMATION	7. Is the dwelling / mobile home for sale?	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	8. Is property within 300 ft. of a commercial or non-Residential property	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	Description	Enter Text: An explanation if property is within 300 ft. of a commercial property.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	9. Is there a trampoline on the premises	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	Trampoline - Safety Net	Enter Y for a "Yes" response. Input N for "No" response. Indicates the trampoline on the premises has a safety net.
GENERAL INFORMATION	10. Was the structure originally built for other than private residence and then converted?	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	Original Occupancy	Enter text: The description of the original occupancy of the building.
GENERAL INFORMATION	11. Any lead paint?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any lead paint?".
GENERAL INFORMATION	Lead Paint - Description	Enter Text: An explanation of any lead paint on the premises.
GENERAL INFORMATION	12. If a fuel tank is on premises, has other insurance been obtained for the tank?	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	Insurance Company	Enter text: The insurer name on any other applicable insurance.
GENERAL INFORMATION	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	Clean-up / Sub Limit	Enter limit: The other policy, coverage sub limit amount.
GENERAL INFORMATION	13. Is the residence in a gated community?	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	Community - Name of Community	Enter text: The name of the gated community.
GENERAL INFORMATION	14. If building under construction, is the applicant the general contractor?	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	General Contractor - Start Date	Enter date: The date construction began.
GENERAL INFORMATION	General Contractor - Completion Date	Enter date: The estimated completion date for this construction project.
GENERAL INFORMATION	General Contractor - Int %	Enter percentage: The percentage of construction taking place in the interior of the structure.
GENERAL INFORMATION	General Contractor - Ext %	Enter percentage: The percentage of construction taking place in the exterior of the structure.
GENERAL INFORMATION	General Contractor - Addition Sq. Ft.	Enter number: The total area of the addition under construction in square feet.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	General Contractor - Additional Level Sq. Ft.	Enter number: The total area of the additional level under construction in square feet.
GENERAL INFORMATION	Any structural changes?	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	General Contractor - Material Unattached Included	Check the box (if applicable): Indicates materials that are not attached to the structure are included.
GENERAL INFORMATION	General Contractor - Material Unattached Excluded	Check the box (if applicable): Indicates materials that are not attached to the structure are excluded.
GENERAL INFORMATION	House Occupied during renovation?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the structure will be occupied during construction and renovation.
GENERAL INFORMATION	General Contractor - Cost of Project.	Enter amount: The total cost of construction of the structure
GENERAL INFORMATION	15. Is there a carbon monoxide alarm, in operating condition, within the mandated number of feet of every room used for sleeping purposes?	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	16. Is the named insured the owner of the property? (If "NO", provide the name of the owner).	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?". As used here, if no, provide the name of the owner.
GENERAL INFORMATION	Owner's Name	Enter text: The additional interest's full name. As used here, this is the name of the owner of the property.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	1. Is there is a manager on the premises	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there a manager on the premises?". As used here, if yes, provide the full name of the manager and the manager's phone number, including area code.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	Manager's Name	Enter text: The full name of the manager of the structure.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	Phone Number	Enter number: The phone number of the manager of the structure.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	2. Is there a security attendant	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there a security attendant?". As used here, explain a "No" response to the question.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	Description	Enter Text: An explanation if no security attendant is provided on the premises. As used here, if no, provide an explanation.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY (Continued)	3. Is the building entrance is locked?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the building entrance locked?".
GENERAL INFORMATION - RENTERS AND CONDOS ONLY (Continued)	Description	Enter Text: An explanation if building entrance is not locked. As used here, if no, provide an explanation.
REMARKS	Remarks	Enter text: The general remarks associated with this line of business. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
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.
REMARKS	Remarks	Enter text: The general remarks associated with this line of business. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).