ACORD 90 NY (2015/12) - NEW YORK PERSONAL AUTO APPLICATION

ACORD 90 NY, New York Personal Auto Application, is used when insurance is desired for personal vehicles.

Following are the unique state characteristics of ACORD 90 NY, New York Personal Auto Application:

 * Provision is made to report TAX TERRITORY

 * A REGISTERED TO DRIVER # column is added to the VEHICLE DESCRIPTION / USE section to collect information as to which driver owns each vehicle. This information is now required in NY state.

 * Supplemental Spousal Liability Coverage is offered.

 * Personal Injury Protection coverages are revised to reflect New York's unique coverages and options. Refer to your state Manual.

 * COVERAGES / PREMIUMS section, a note states that a Motor Vehicle Law Enforcement Fee will be added to the total premium for each vehicle.

 * Time period for reporting ACCIDENTS / CONVICTIONS is 39 months.

 * ADDITIONAL INTEREST Section has added check boxes for Owner, Lienholder and Registrant.

 * A question has been added to the PRIOR COVERAGE Section regarding Assigned Risk

 * GENERAL INFORMATION section, Question 1, relating to vehicle ownership, the name(s) that appear on the vehicle registration must be provided. This information is required because New York DMV rules provide that the Named Insured in an auto policy must be the same as the owner of the vehicle.

 * Additional question in the GENERAL INFORMATION section regarding coverage by a Wage Continuation Plan.

  * State specific Notice of Insurance Information Practices. Field added to insert name of Consumer Reporting Agency.

 * Checkbox added to BINDER / SIGNATURE section acknowledging receipt of ACORD 38 NY, Notice of Insurance Information Practices by applicant.

 * Statement added to BINDER / SIGNATURE section acknowledging the explanation of Statutory Uninsured Motorists and Supplementary Uninsured / Underinsured Motorists coverage to the applicant.

 * Statement added to BINDER / SIGNATURE section acknowledging the explanation of Rental Vehicle Reimbursement coverage to the applicant.

 * BINDER / SIGNATURE section, fraud warning specific to New York.

Section Name	Field Name	Description
IDENTIFICATION SECTION	**Date**	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	**Agency**	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	**Street One**	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	**Street Two**	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	**City**	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	**State**	Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION	**Zip + 4**	Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	**Contact Name**	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	**Phone No.**	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	**Fax No.**	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	**E-Mail Address**	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	**Code**	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	**Sub Code**	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	**Agency Customer ID**	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	**Applicant's Name**	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	**Address One**	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	**Address Two**	Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION	**City**	Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION	**County**	Enter text: The named insured's physical address county name.
IDENTIFICATION SECTION	**State**	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	**Zip + 4**	Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	**Telephone Number**	Enter number: The named insured's primary phone number.

IDENTIFICATION SECTION	Tax Territory	Enter code: The city, county or state tax code.
IDENTIFICATION SECTION	Garaging Address check box	Check the box (if applicable): Indicates the mailing address is the primary garaging address.
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. As used here, this may contain the name of the residual market plan.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Plan	Enter code: The product code assigned by the insurer for the policy.
IDENTIFICATION SECTION	Policy #	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	ACCT #	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
IDENTIFICATION SECTION	Direct Bill	Check the box (if applicable): Indicates if the policy is to be direct billed.
IDENTIFICATION SECTION	Agency Bill	Check the box (if applicable): Indicates if the policy is to be producer / agency billed.
IDENTIFICATION SECTION	Mail Policy to Agent	Check the box (if applicable): Indicates if the policy paper should be sent to the producer.
IDENTIFICATION SECTION	Mail Policy to Applicant	Check the box (if applicable): Indicates if the policy paper should be mailed directly to the named insured.
IDENTIFICATION SECTION	Payment Plan	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
RESIDENCE	Owned	Check the box (if applicable): Indicates if the insured owns their current residence.
RESIDENCE	Rented	Check the box (if applicable): Indicates if the insured rents their current residence.
RESIDENCE	Number of Years at Current Address	Enter number: The number of years at the current address.
RESIDENCE	Number of Years at Previous Address	Enter number: The number of years at the previous address.
RESIDENCE	Previous Street Address	Enter text: The first address line of the previous residence address.

RESIDENCE	Previous Street Address 2	Enter text: The second address line of the previous residence.
RESIDENCE	City	Enter text: The city of the previous residence.
RESIDENCE	State	Enter code: The state or province code of the previous residence.
RESIDENCE	Zip + 4	Enter code: The postal code of the previous residence.
ADDITIONAL GARAGING ADDRESS(ES)	Location #	Enter number: The producer assigned number of the location.
ADDITIONAL GARAGING ADDRESS(ES)	Street	Enter text: The first address line of the physical location. As used here, this is the garaging location of the vehicle.
ADDITIONAL GARAGING ADDRESS(ES)	City	Enter text: The city of the physical location. As used here, this is the garaging location of the vehicle.
ADDITIONAL GARAGING ADDRESS(ES)	County	Enter text: The county of the physical location. As used here, this is the garaging location of the vehicle.
ADDITIONAL GARAGING ADDRESS(ES)	State	Enter code: The state or province of the physical location. As used here, this is the garaging location of the vehicle.
ADDITIONAL GARAGING ADDRESS(ES)	Zip + 4	Enter code: The postal code of the physical location. As used here, this is the garaging location of the vehicle.
ADDITIONAL GARAGING ADDRESS(ES)	Tax Terr	Enter code: The city, county or state tax code.
ADDITIONAL GARAGING ADDRESS(ES)	Location #	Enter number: The producer assigned number of the location.
ADDITIONAL GARAGING ADDRESS(ES)	Street	Enter text: The first address line of the physical location. As used here, this is the garaging location of the vehicle.
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ADDITIONAL GARAGING ADDRESS(ES)	Zip + 4	Enter code: The postal code of the physical location. As used here, this is the garaging location of the vehicle.
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ADDITIONAL GARAGING ADDRESS(ES)	Zip + 4	Enter code: The postal code of the physical location. As used here, this is the garaging location of the vehicle.
ADDITIONAL GARAGING ADDRESS(ES)	Tax Terr	Enter code: The city, county or state tax code.
VEHICLE DESCRIPTION / USE	Total Number of Vehicles in Household	Enter number: The total number of vehicles in the household.
VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	LOC # One	Enter number: The producer assigned number of the location.
VEHICLE DESCRIPTION / USE	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION / USE	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE DESCRIPTION / USE	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION / USE	Body Type	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION / USE	VIN	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION / USE	Registered State	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION / USE	Registered to Driver #	Enter number: The producer assigned driver number for whom the vehicle is registered.

VEHICLE DESCRIPTION / USE	Registered to Driver #	Enter number: The producer assigned driver number for whom the vehicle is registered.
VEHICLE DESCRIPTION / USE	HP/CC	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
VEHICLE DESCRIPTION / USE	Date Leased	Enter text: The month and year the applicant leased the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	Date Purch	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	New/Used	Enter code: A code indicating if the vehicle was purchased new or used.
VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Cost New	Enter amount: The original cost of the vehicle.
VEHICLE DESCRIPTION / USE	Symbol Age Grp	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION / USE	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.
VEHICLE DESCRIPTION / USE	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION / USE	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION / USE	Miles 1 Way Wk/Schl	Enter number: The number of miles from the garage location to school or work.
VEHICLE DESCRIPTION / USE	# Days Week	Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	# Weeks/ Mo.	Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	Usage	Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm).
VEHICLE DESCRIPTION / USE	Perform	Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car).
VEHICLE DESCRIPTION / USE	Multi-Car	Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount.

VEHICLE DESCRIPTION / USE	Carpool	Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies.
VEHICLE DESCRIPTION / USE	Gar Code	Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street
VEHICLE DESCRIPTION / USE	Odometer Reading	Enter number: The odometer reading at the time the insurance policy is applied for.
VEHICLE DESCRIPTION / USE	Annual Mileage	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE DESCRIPTION / USE	Govern Driver	Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes.
VEHICLE DESCRIPTION / USE	Driver Number	Enter number: The producer assigned driver number of the driver using the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Number	Enter number: The producer assigned driver number of the driver using the vehicle.
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VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE DESCRIPTION / USE	Passive Seat Belt	Enter code: The type of seat belts in the vehicle.
VEHICLE DESCRIPTION / USE	Air Bag Drv/Both	Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists.
VEHICLE DESCRIPTION / USE	Anti-Lock Brakes 2/4	Enter code: The type of anti-lock brakes in the vehicle.
VEHICLE DESCRIPTION / USE	Anti-Theft Devices	Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle.
VEHICLE DESCRIPTION / USE	Credits and Surcharges	Enter text: A credit or surcharge represented as text.
VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Loc # Two	Enter number: The producer assigned number of the location.
VEHICLE DESCRIPTION / USE	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION / USE	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE DESCRIPTION / USE	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION / USE	Body Type	Enter code: The body type of the vehicle.

VEHICLE DESCRIPTION / USE	VIN	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION / USE	Registered State	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION / USE	Registered to Driver #	Enter number: The producer assigned driver number for whom the vehicle is registered.
VEHICLE DESCRIPTION / USE	Registered to Driver #	Enter number: The producer assigned driver number for whom the vehicle is registered.
VEHICLE DESCRIPTION / USE	HP/CC	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
VEHICLE DESCRIPTION / USE	Date Leased	Enter text: The month and year the applicant leased the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	Date Purch	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	New/Used	Enter code: A code indicating if the vehicle was purchased new or used.
VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Cost New	Enter amount: The original cost of the vehicle.
VEHICLE DESCRIPTION / USE	Symbol Age Grp	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION / USE	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.
VEHICLE DESCRIPTION / USE	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION / USE	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION / USE	Miles 1 Way Wk/Schl	Enter number: The number of miles from the garage location to school or work.
VEHICLE DESCRIPTION / USE	# Days Week	Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	# Weeks/ Mo.	Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station.

VEHICLE DESCRIPTION / USE	Usage	Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm).
VEHICLE DESCRIPTION / USE	Perform	Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car).
VEHICLE DESCRIPTION / USE	Multi-Car	Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount.
VEHICLE DESCRIPTION / USE	Carpool	Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies.
VEHICLE DESCRIPTION / USE	Gar Code	Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street
VEHICLE DESCRIPTION / USE	Odometer Reading	Enter number: The odometer reading at the time the insurance policy is applied for.
VEHICLE DESCRIPTION / USE	Annual Mileage	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE DESCRIPTION / USE	Govern Driver	Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
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VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE DESCRIPTION / USE	Passive Seat Belt	Enter code: The type of seat belts in the vehicle.
VEHICLE DESCRIPTION / USE	Air Bag Drv/Both	Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists.
VEHICLE DESCRIPTION / USE	Anti-Lock Brakes 2/4	Enter code: The type of anti-lock brakes in the vehicle.
VEHICLE DESCRIPTION / USE	Anti-Theft Devices	Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle.
VEHICLE DESCRIPTION / USE	Credits and Surcharges	Enter text: A credit or surcharge represented as text.
VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Loc # Three	Enter number: The producer assigned number of the location.
VEHICLE DESCRIPTION / USE	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION / USE	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE DESCRIPTION / USE	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION / USE	Body Type	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION / USE	VIN	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION / USE	Registered State	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION / USE	Registered to Driver #	Enter number: The producer assigned driver number for whom the vehicle is registered.

VEHICLE DESCRIPTION / USE	Registered to Driver #	Enter number: The producer assigned driver number for whom the vehicle is registered.
VEHICLE DESCRIPTION / USE	HP/CC	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
VEHICLE DESCRIPTION / USE	Date Leased	Enter text: The month and year the applicant leased the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	Date Purch	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE DESCRIPTION / USE	New/Used	Enter code: A code indicating if the vehicle was purchased new or used.
VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Cost New	Enter amount: The original cost of the vehicle.
VEHICLE DESCRIPTION / USE	Symbol Age Grp	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION / USE	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.
VEHICLE DESCRIPTION / USE	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION / USE	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION / USE	Miles 1 Way Wk/Schl	Enter number: The number of miles from the garage location to school or work.
VEHICLE DESCRIPTION / USE	# Days Week	Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	# Weeks/ Mo.	Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	Usage	Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm).
VEHICLE DESCRIPTION / USE	Perform	Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car).
VEHICLE DESCRIPTION / USE	Multi-Car	Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount.

VEHICLE DESCRIPTION / USE	**Carpool**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies.
VEHICLE DESCRIPTION / USE	**Gar Code**	Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street
VEHICLE DESCRIPTION / USE	**Odometer Reading**	Enter number: The odometer reading at the time the insurance policy is applied for.
VEHICLE DESCRIPTION / USE	**Annual Mileage**	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE DESCRIPTION / USE	**Govern Driver**	Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes.
VEHICLE DESCRIPTION / USE	**Driver Use %**	Enter percentage: The percentage of time a particular driver uses the vehicle.
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VEHICLE DESCRIPTION / USE	**Veh #**	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	**Class**	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.

VEHICLE DESCRIPTION / USE	**Passive Seat Belt**	Enter code: The type of seat belts in the vehicle.
VEHICLE DESCRIPTION / USE	**Air Bag Drv/Both**	Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists.
VEHICLE DESCRIPTION / USE	**Anti-Lock Brakes 2/4**	Enter code: The type of anti-lock brakes in the vehicle.
VEHICLE DESCRIPTION / USE	**Anti-Theft Devices**	Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle.
VEHICLE DESCRIPTION / USE	**Credits and Surcharges**	Enter text: A credit or surcharge represented as text.
VEHICLE DESCRIPTION / USE	**Veh #**	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	**Loc # Four**	Enter number: The producer assigned number of the location.
VEHICLE DESCRIPTION / USE	**Year**	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION / USE	**Make**	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE DESCRIPTION / USE	**Model**	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION / USE	**Body Type**	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION / USE	**VIN**	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION / USE	**Registered State**	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION / USE	**Registered to Driver #**	Enter number: The producer assigned driver number for whom the vehicle is registered.
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VEHICLE DESCRIPTION / USE	**Date Leased**	Enter text: The month and year the applicant leased the vehicle (MM/YYYY).

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VEHICLE DESCRIPTION / USE	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION / USE	Miles 1 Way Wk/Schl	Enter number: The number of miles from the garage location to school or work.
VEHICLE DESCRIPTION / USE	# Days Week	Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	# Weeks/ Mo.	Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station.
VEHICLE DESCRIPTION / USE	Usage	Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm).
VEHICLE DESCRIPTION / USE	Perform	Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car).
VEHICLE DESCRIPTION / USE	Multi-Car	Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount.
VEHICLE DESCRIPTION / USE	Carpool	Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies.

VEHICLE DESCRIPTION / USE	Gar Code	Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street
VEHICLE DESCRIPTION / USE	Odometer Reading	Enter number: The odometer reading at the time the insurance policy is applied for.
VEHICLE DESCRIPTION / USE	Annual Mileage	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE DESCRIPTION / USE	Govern Driver	Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Driver Use %	Enter percentage: The percentage of time a particular driver uses the vehicle.
VEHICLE DESCRIPTION / USE	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION / USE	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE DESCRIPTION / USE	Passive Seat Belt	Enter code: The type of seat belts in the vehicle.

VEHICLE DESCRIPTION / USE	Air Bag Drv/Both	Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists.
VEHICLE DESCRIPTION / USE	Anti-Lock Brakes 2/4	Enter code: The type of anti-lock brakes in the vehicle.
VEHICLE DESCRIPTION / USE	Anti-Theft Devices	Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle.
VEHICLE DESCRIPTION / USE	Credits and Surcharges	Enter text: A credit or surcharge represented as text.
COVERAGES / PREMIUMS	Vehicle Number One	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Vehicle Number Two	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Vehicle Number Three	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Vehicle Number Four	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Single Limit Liability CSL Each Accident	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES / PREMIUMS	Single Limit Liability Amount One	Enter amount: The vehicle combined single limit liability premium amount.
COVERAGES / PREMIUMS	Single Limit Liability Amount Two	Enter amount: The vehicle combined single limit liability premium amount.
COVERAGES / PREMIUMS	Single Limit Liability Amount Three	Enter amount: The vehicle combined single limit liability premium amount.
COVERAGES / PREMIUMS	Single Limit Liability Amount Four	Enter amount: The vehicle combined single limit liability premium amount.
COVERAGES / PREMIUMS	Bodily Injury Each Person	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES / PREMIUMS	Bodily Injury Each Accident	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES / PREMIUMS	Bodily Injury Amount One	Enter amount: The vehicle policy, bodily injury premium amount.
COVERAGES / PREMIUMS	Bodily Injury Amount Two	Enter amount: The vehicle policy, bodily injury premium amount.
COVERAGES / PREMIUMS	Bodily Injury Amount Three	Enter amount: The vehicle policy, bodily injury premium amount.
COVERAGES / PREMIUMS	Bodily Injury Amount Four	Enter amount: The vehicle policy, bodily injury premium amount.

COVERAGES / PREMIUMS	Property Damage Each Accident	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES / PREMIUMS	Property Damage Amount Vehicle One	Enter amount: The property damage premium amount.
COVERAGES / PREMIUMS	Property Damage Amount Vehicle Two	Enter amount: The property damage premium amount.
COVERAGES / PREMIUMS	Property Damage Amount Vehicle Three	Enter amount: The property damage premium amount.
COVERAGES / PREMIUMS	Property Damage Amount Vehicle Four	Enter amount: The property damage premium amount.
COVERAGES / PREMIUMS	Supplemental Spousal Liability Included	Check the box (if applicable): Indicates supplemental spousal liability coverage is included.
COVERAGES / PREMIUMS	Supplemental Spousal Liability Not Included	Check the box (if applicable): Indicates supplemental spousal liability coverage is not included.
COVERAGES / PREMIUMS	Supplemental Spousal Liability Amount Vehicle One	Enter amount: The supplemental spousal liability premium amount.
COVERAGES / PREMIUMS	Supplemental Spousal Liability Amount Vehicle Two	Enter amount: The supplemental spousal liability premium amount.
COVERAGES / PREMIUMS	Supplemental Spousal Liability Amount Vehicle Three	Enter amount: The supplemental spousal liability premium amount.
COVERAGES / PREMIUMS	Supplemental Spousal Liability Amount Vehicle Four	Enter amount: The supplemental spousal liability premium amount.
COVERAGES / PREMIUMS	Personal Inj Protection Amount	Enter limit: The personal injury protection (PIP) limit amount.
COVERAGES / PREMIUMS	Personal Inj Protection Deductible	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
COVERAGES / PREMIUMS	Work Loss Coordination Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has personal injury protection (PIP) work loss coordination option has been selected?"
COVERAGES / PREMIUMS	Medical Expense Elimination Named Insured Only	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured only.

COVERAGES / PREMIUMS	Medical Expense Elimination Named Insured and Relatives	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured and relatives.
COVERAGES / PREMIUMS	Personal Inj Protection Amount Vehicle One	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES / PREMIUMS	Personal Inj Protection Amount Vehicle Two	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES / PREMIUMS	Personal Inj Protection Amount Vehicle Three	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES / PREMIUMS	Personal Inj Protection Amount Vehicle Four	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES / PREMIUMS	Additional Personal Inj Protection Amount	Enter limit: The additional personal injury protection (APIP) limit amount.
COVERAGES / PREMIUMS	Additional Personal Inj Protection Work Loss Amount	Enter limit: The additional personal injury protection (APIP) work/wage loss limit amount.
COVERAGES / PREMIUMS	Additional Personal Inj Protection Other Exp Amount	Enter limit: The limit amount for the other expense coverage.
COVERAGES / PREMIUMS	Additional Personal Inj Protection Death Benefits Amount	Enter limit: The additional personal injury protection (APIP) accidental death benefit limit amount.
COVERAGES / PREMIUMS	Additional Personal Inj Protection Amount Vehicle One	Enter amount: The premium associated with additional personal injury protection (APIP) coverage.
COVERAGES / PREMIUMS	Additional Personal Inj Protection Amount Vehicle Two	Enter amount: The premium associated with additional personal injury protection (APIP) coverage.
COVERAGES / PREMIUMS	Additional Personal Inj Protection Amount Vehicle Three	Enter amount: The premium associated with additional personal injury protection (APIP) coverage.
COVERAGES / PREMIUMS	Additional Personal Inj Protection Amount Vehicle Four	Enter amount: The premium associated with additional personal injury protection (APIP) coverage.
COVERAGES / PREMIUMS	OBEL	Enter limit: The limit amount for the optional basic economic loss coverage.

COVERAGES / PREMIUMS	**OBEL Amount Vehicle One**	Enter amount: The premium amount for the optional basic economic loss coverage.
COVERAGES / PREMIUMS	**OBEL Amount Vehicle Two**	Enter amount: The premium amount for the optional basic economic loss coverage.
COVERAGES / PREMIUMS	**OBEL Amount Vehicle Three**	Enter amount: The premium amount for the optional basic economic loss coverage.
COVERAGES / PREMIUMS	**OBEL Amount Vehicle Four**	Enter amount: The premium amount for the optional basic economic loss coverage.
COVERAGES / PREMIUMS	**Medical Payments Each Person**	Enter limit: The medical payments per person limit.
COVERAGES / PREMIUMS	**Medical Payments Amount Vehicle One**	Enter amount: The medical payments premium amount.
COVERAGES / PREMIUMS	**Medical Payments Amount Vehicle Two**	Enter amount: The medical payments premium amount.
COVERAGES / PREMIUMS	**Medical Payments Amount Vehicle Three**	Enter amount: The medical payments premium amount.
COVERAGES / PREMIUMS	**Medical Payments Amount Vehicle Four**	Enter amount: The medical payments premium amount.
COVERAGES / PREMIUMS	**Statutory UM BI Each Person**	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
COVERAGES / PREMIUMS	**Statutory UM BI Each Accident**	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
COVERAGES / PREMIUMS	**Statutory UM BI Amount Vehicle One**	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
COVERAGES / PREMIUMS	**Statutory UM BI Amount Vehicle Two**	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
COVERAGES / PREMIUMS	**Statutory UM BI Amount Vehicle Three**	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
COVERAGES / PREMIUMS	**Statutory UM BI Amount Vehicle Four**	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
COVERAGES / PREMIUMS	**Supplementary UM/UIM (SUM) Each Person**	Enter limit: The per person limit amount for the supplementary uninsured / underinsured motorists coverage.
COVERAGES / PREMIUMS	**Supplementary UM/UIM (SUM) Each Accident**	Enter limit: The per accident limit amount for the supplementary uninsured / underinsured motorists coverage.
COVERAGES / PREMIUMS	**Supplementary UM/UIM (SUM) Amount Vehicle One**	Enter amount: The premium amount for the supplementary uninsured / underinsured motorists coverage.

COVERAGES / PREMIUMS	Supplementary UM/UIM (SUM) Amount Vehicle Two	Enter amount: The premium amount for the supplementary uninsured / underinsured motorists coverage.
COVERAGES / PREMIUMS	Supplementary UM/UIM (SUM) Amount Vehicle Three	Enter amount: The premium amount for the supplementary uninsured / underinsured motorists coverage.
COVERAGES / PREMIUMS	Supplementary UM/UIM (SUM) Amount Vehicle Four	Enter amount: The premium amount for the supplementary uninsured / underinsured motorists coverage.
COVERAGES / PREMIUMS	Comprehensive / OTC Vehicle Number One	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Comprehensive / OTC Amount One	Enter deductible: The comprehensive or other than collision deductible amount.
COVERAGES / PREMIUMS	Comprehensive / OTC Full Glass One	Check the box (if applicable): Indicates the full glass option applies to the comprehensive/other than collision coverage.
COVERAGES / PREMIUMS	Comprehensive / OTC Vehicle Number Two	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Comprehensive / OTC Amount Two	Enter deductible: The comprehensive or other than collision deductible amount.
COVERAGES / PREMIUMS	Comprehensive / OTC Full Glass Two	Check the box (if applicable): Indicates the full glass option applies to the comprehensive/other than collision coverage.
COVERAGES / PREMIUMS	Comprehensive / OTC Vehicle Number Three	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Comprehensive / OTC Amount Three	Enter deductible: The comprehensive or other than collision deductible amount.
COVERAGES / PREMIUMS	Comprehensive / OTC Full Glass Three	Check the box (if applicable): Indicates the full glass option applies to the comprehensive/other than collision coverage.
COVERAGES / PREMIUMS	Comprehensive / OTC Vehicle Number Four	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Comprehensive / OTC Amount Four	Enter deductible: The comprehensive or other than collision deductible amount.
COVERAGES / PREMIUMS	Comprehensive / OTC Full Glass Four	Check the box (if applicable): Indicates the full glass option applies to the comprehensive/other than collision coverage.
COVERAGES / PREMIUMS	Comprehensive / OTC Amount Vehicle One	Enter amount: The comprehensive or other than collision premium amount.

COVERAGES / PREMIUMS	Comprehensive / OTC Amount Vehicle Two	Enter amount: The comprehensive or other than collision premium amount.
COVERAGES / PREMIUMS	Comprehensive / OTC Amount Vehicle Three	Enter amount: The comprehensive or other than collision premium amount.
COVERAGES / PREMIUMS	Comprehensive / OTC Amount Vehicle Four	Enter amount: The comprehensive or other than collision premium amount.
COVERAGES / PREMIUMS	Collision Vehicle Number One	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Collision Amount One	Enter deductible: The collision deductible amount.
COVERAGES / PREMIUMS	Collision Full Glass One	Check the box (if applicable): Indicates the full glass option applies to the collision coverage.
COVERAGES / PREMIUMS	Collision Vehicle Number Two	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Collision Amount Two	Enter deductible: The collision deductible amount.
COVERAGES / PREMIUMS	Collision Full Glass Two	Check the box (if applicable): Indicates the full glass option applies to the collision coverage.
COVERAGES / PREMIUMS	Collision Vehicle Number Three	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Collision Amount Three	Enter deductible: The collision deductible amount.
COVERAGES / PREMIUMS	Collision Full Glass Three	Check the box (if applicable): Indicates the full glass option applies to the collision coverage.
COVERAGES / PREMIUMS	Collision Vehicle Number Four	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Collision Amount Four	Enter deductible: The collision deductible amount.
COVERAGES / PREMIUMS	Collision Full Glass Four	Check the box (if applicable): Indicates the full glass option applies to the collision coverage.
COVERAGES / PREMIUMS	Collision Amount Vehicle One	Enter amount: The collision premium amount.
COVERAGES / PREMIUMS	Collision Amount Vehicle Two	Enter amount: The collision premium amount.
COVERAGES / PREMIUMS	Collision Amount Vehicle Three	Enter amount: The collision premium amount.
COVERAGES / PREMIUMS	Collision Amount Vehicle Four	Enter amount: The collision premium amount.

COVERAGES / PREMIUMS	ACV unless Amount Stated Vehicle Number One	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	ACV unless Amount Stated Amount One	Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here.
COVERAGES / PREMIUMS	ACV unless Amount Stated Vehicle Number Two	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	ACV unless Amount Stated Amount Two	Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here.
COVERAGES / PREMIUMS	ACV unless Amount Stated Vehicle Number Three	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	ACV unless Amount Stated Amount Three	Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here.
COVERAGES / PREMIUMS	ACV unless Amount Stated Vehicle Number Four	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	ACV unless Amount Stated Amount Four	Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here.
COVERAGES / PREMIUMS	Towing & Labor Vehicle Number One	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Towing & Labor Amount One	Enter limit: The towing and labor limit amount.
COVERAGES / PREMIUMS	Towing & Labor Vehicle Number Two	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Towing & Labor Amount Two	Enter limit: The towing and labor limit amount.
COVERAGES / PREMIUMS	Towing & Labor Vehicle Number Three	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Towing & Labor Amount Three	Enter limit: The towing and labor limit amount.
COVERAGES / PREMIUMS	Towing & Labor Vehicle Number Four	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Towing & Labor Amount Four	Enter limit: The towing and labor limit amount.
COVERAGES / PREMIUMS	Towing & Labor Amount Vehicle One	Enter amount: The towing and labor premium amount.

COVERAGES / PREMIUMS	Towing & Labor Amount Vehicle Two	Enter amount: The towing and labor premium amount.
COVERAGES / PREMIUMS	Towing & Labor Amount Vehicle Three	Enter amount: The towing and labor premium amount.
COVERAGES / PREMIUMS	Towing & Labor Amount Vehicle Four	Enter amount: The towing and labor premium amount.
COVERAGES / PREMIUMS	Transportation Expenses And Rental Reimbursement Vehicle Number One	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Transportation Expense Per Day Limit One	Enter limit: The transportation expense or rental reimbursement per day limit amount.
COVERAGES / PREMIUMS	Transportation Expense Maximum Limit One	Enter limit: The transportation expense or rental reimbursement maximum limit amount.
COVERAGES / PREMIUMS	Transportation Expenses And Rental Reimbursement Vehicle Number Two	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Transportation Expense Per Day Limit Two	Enter limit: The transportation expense or rental reimbursement per day limit amount.
COVERAGES / PREMIUMS	Transportation Expense Maximum Limit Two	Enter limit: The transportation expense or rental reimbursement maximum limit amount.
COVERAGES / PREMIUMS	Transportation Expenses And Rental Reimbursement Vehicle Number Three	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Transportation Expense Per Day Limit Three	Enter limit: The transportation expense or rental reimbursement per day limit amount.
COVERAGES / PREMIUMS	Transportation Expense Maximum Limit Three	Enter limit: The transportation expense or rental reimbursement maximum limit amount.
COVERAGES / PREMIUMS	Transportation Expenses And Rental Reimbursement Vehicle Number Four	Enter number: The producer assigned vehicle number.
COVERAGES / PREMIUMS	Transportation Expense Per Day Limit Four	Enter limit: The transportation expense or rental reimbursement per day limit amount.
COVERAGES / PREMIUMS	Transportation Expense Maximum Limit Four	Enter limit: The transportation expense or rental reimbursement maximum limit amount.

COVERAGES / PREMIUMS	**Transportation Expenses And Rental Reimbursement Amount Vehicle One**	Enter amount: The transportation expense or rental reimbursement premium amount.
COVERAGES / PREMIUMS	**Transportation Expenses And Rental Reimbursement Amount Vehicle Two**	Enter amount: The transportation expense or rental reimbursement premium amount.
COVERAGES / PREMIUMS	**Transportation Expenses And Rental Reimbursement Amount Vehicle Three**	Enter amount: The transportation expense or rental reimbursement premium amount.
COVERAGES / PREMIUMS	**Transportation Expenses And Rental Reimbursement Amount Vehicle Four**	Enter amount: The transportation expense or rental reimbursement premium amount.
COVERAGES / PREMIUMS	**Coverage Code**	Enter code: The coverage code of the other coverage or adjustment.
COVERAGES / PREMIUMS	**Description**	Enter text: The description of the coverage.
COVERAGES / PREMIUMS	**Limit**	Enter limit: The limit amount of the other coverage.
COVERAGES / PREMIUMS	**Limit Applies To**	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
COVERAGES / PREMIUMS	**Limit**	Enter limit: The limit amount of the other coverage.
COVERAGES / PREMIUMS	**Limit Applies To**	Enter code: The code indicating what the limit applies to (e.g. per accident, per person).
COVERAGES / PREMIUMS	**Deductible $**	Enter deductible: The deductible amount of the coverage.
COVERAGES / PREMIUMS	**Deductible %**	Enter percentage: The deductible percentage for the coverage.
COVERAGES / PREMIUMS	**Option 1**	Enter code: The option applicable to this coverage.
COVERAGES / PREMIUMS	**Option 2**	Enter code: The option applicable to this coverage.
COVERAGES / PREMIUMS	**Option 3**	Enter code: The option applicable to this coverage.
COVERAGES / PREMIUMS	**Option 4**	Enter code: The option applicable to this coverage.
COVERAGES / PREMIUMS	**Amount**	Enter amount: The premium amount associated with the coverage.
COVERAGES / PREMIUMS	**Amount**	Enter amount: The premium amount associated with the coverage.
COVERAGES / PREMIUMS	**Amount**	Enter amount: The premium amount associated with the coverage.
COVERAGES / PREMIUMS	**Amount**	Enter amount: The premium amount associated with the coverage.
COVERAGES / PREMIUMS	**Estimated Total**	Enter amount: The estimated total cost amount of the policy.
COVERAGES / PREMIUMS	**Premium Deposit**	Enter amount: The amount of the premium received as a deposit.

COVERAGES / PREMIUMS	Policy Fee	Enter amount: The amount of fee associated with the policy.
COVERAGES / PREMIUMS	Total Per Vehicle	Enter amount: The total amount for the vehicle.
COVERAGES / PREMIUMS	Total Per Vehicle	Enter amount: The total amount for the vehicle.
COVERAGES / PREMIUMS	Total Per Vehicle	Enter amount: The total amount for the vehicle.
COVERAGES / PREMIUMS	Total Per Vehicle	Enter amount: The total amount for the vehicle.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
RESIDENT & DRIVER INFORMATION	Number (#)	Enter number: The number assigned to the driver by the producer.
RESIDENT & DRIVER INFORMATION	First Name	Enter text: The driver's first name (given name).
RESIDENT & DRIVER INFORMATION	Middle Name	Enter text: The driver's middle name or initial (other given name).
RESIDENT & DRIVER INFORMATION	Last Name	Enter text: The driver's last name (surname).
RESIDENT & DRIVER INFORMATION	Sex	Enter code: The gender of the driver.
RESIDENT & DRIVER INFORMATION	Mar Stat	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
RESIDENT & DRIVER INFORMATION	Relation to Applicant	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
RESIDENT & DRIVER INFORMATION	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
RESIDENT & DRIVER INFORMATION	Number (#)	Enter number: The number assigned to the driver by the producer.
RESIDENT & DRIVER INFORMATION	Occupation	Enter text: The occupation of the driver.

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

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

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

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

RESIDENT & DRIVER INFORMATION	Licensed State	Enter code: The state in which the driver is licensed.
RESIDENT & DRIVER INFORMATION	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
RESIDENT & DRIVER INFORMATION	Number (#)	Enter number: The number assigned to the driver by the producer.
RESIDENT & DRIVER INFORMATION	First Name	Enter text: The driver's first name (given name).
RESIDENT & DRIVER INFORMATION	Middle Name	Enter text: The driver's middle name or initial (other given name).
RESIDENT & DRIVER INFORMATION	Last Name	Enter text: The driver's last name (surname).
RESIDENT & DRIVER INFORMATION	Sex	Enter code: The gender of the driver.
RESIDENT & DRIVER INFORMATION	Mar Stat	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
RESIDENT & DRIVER INFORMATION	Relation to Applicant	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
RESIDENT & DRIVER INFORMATION	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
RESIDENT & DRIVER INFORMATION	Number (#)	Enter number: The number assigned to the driver by the producer.
RESIDENT & DRIVER INFORMATION	Occupation	Enter text: The occupation of the driver.
RESIDENT & DRIVER INFORMATION	Date Lic	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
RESIDENT & DRIVER INFORMATION	Stdt > 100	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address.
RESIDENT & DRIVER INFORMATION	Good Stdt	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver qualifies for a good student credit (verify that company offers this credit). Complete and attach a Good Student Certificate (ACORD 91) for each operator who qualifies.

RESIDENT & DRIVER INFORMATION	Drv Train	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.
RESIDENT & DRIVER INFORMATION	Acc Prev Cse Date	Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies. (MM/DD/YYYY)
RESIDENT & DRIVER INFORMATION	Drivers License #	Enter identifier: The driver's license number.
RESIDENT & DRIVER INFORMATION	Licensed State	Enter code: The state in which the driver is licensed.
RESIDENT & DRIVER INFORMATION	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
RESIDENT & DRIVER INFORMATION	Number (#)	Enter number: The number assigned to the driver by the producer.
RESIDENT & DRIVER INFORMATION	First Name	Enter text: The driver's first name (given name).
RESIDENT & DRIVER INFORMATION	Middle Name	Enter text: The driver's middle name or initial (other given name).
RESIDENT & DRIVER INFORMATION	Last Name	Enter text: The driver's last name (surname).
RESIDENT & DRIVER INFORMATION	Sex	Enter code: The gender of the driver.
RESIDENT & DRIVER INFORMATION	Mar Stat	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
RESIDENT & DRIVER INFORMATION	Relation to Applicant	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
RESIDENT & DRIVER INFORMATION	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
RESIDENT & DRIVER INFORMATION	Number (#)	Enter number: The number assigned to the driver by the producer.
RESIDENT & DRIVER INFORMATION	Occupation	Enter text: The occupation of the driver.

RESIDENT & DRIVER INFORMATION	Date Lic	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
RESIDENT & DRIVER INFORMATION	Stdt > 100	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address.
RESIDENT & DRIVER INFORMATION	Good Stdt	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver qualifies for a good student credit (verify that company offers this credit). Complete and attach a Good Student Certificate (ACORD 91) for each operator who qualifies.
RESIDENT & DRIVER INFORMATION	Drv Train	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.
RESIDENT & DRIVER INFORMATION	Acc Prev Cse Date	Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies. (MM/DD/YYYY)
RESIDENT & DRIVER INFORMATION	Drivers License #	Enter identifier: The driver's license number.
RESIDENT & DRIVER INFORMATION	Licensed State	Enter code: The state in which the driver is licensed.
RESIDENT & DRIVER INFORMATION	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
ACCIDENTS / CONVICTIONS	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if any driver has had an accident or been convicted of a moving violation in the mandated number of years.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.

ACCIDENTS / CONVICTIONS	**Date of Accident / Conviction**	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	**Description of Accident or Conviction**	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	**Place of Accident / Conviction**	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	**BI or Death Y / N**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	**Amount of Property Damage**	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	**Drv #**	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	**Date of Accident / Conviction**	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	**Description of Accident or Conviction**	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	**Place of Accident / Conviction**	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	**BI or Death Y / N**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	**Amount of Property Damage**	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	**Drv #**	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	**Date of Accident / Conviction**	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	**Description of Accident or Conviction**	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	**Place of Accident / Conviction**	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	**BI or Death Y / N**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	**Amount of Property Damage**	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	**Date of Accident / Conviction**	Enter date: The date of the accident or conviction. (MM/DD/YYYY)

ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ADDITIONAL INTEREST	Additional Insured One	Check the box (if applicable): Indicates the interest type is an additional interest.
ADDITIONAL INTEREST	Loss Payee One	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Owner One	Check the box (if applicable): Indicates the additional interest type is an owner.
ADDITIONAL INTEREST	Lender's Loss Payable One	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
ADDITIONAL INTEREST	Lienholder One	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Registrant One	Check the box (if applicable): Indicates the additional interest type is a registrant.
ADDITIONAL INTEREST	Other Additional Interest One	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	Describe Other Additional Interest One	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST	Name	Enter text: The additional interest's full name.
ADDITIONAL INTEREST	Street	Enter text: The additional interest's mailing address line one.
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 + 4	Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Veh # One	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Loan Number One	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Additional Insured Two	Check the box (if applicable): Indicates the interest type is an additional interest.
ADDITIONAL INTEREST	Loss Payee Two	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Owner Two	Check the box (if applicable): Indicates the additional interest type is an owner.
ADDITIONAL INTEREST	Lender's Loss Payable Two	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.

ADDITIONAL INTEREST	Lienholder Two	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Registrant Two	Check the box (if applicable): Indicates the additional interest type is a registrant.
ADDITIONAL INTEREST	Other Additional Interest Two	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	Describe Other Additional Interest Two	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST	Name	Enter text: The additional interest's full name.
ADDITIONAL INTEREST	Street	Enter text: The additional interest's mailing address line one.
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 + 4	Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Veh # Two	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Loan Number Two	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
EMPLOYMENT INFORMATION	Applicant's Employer	Enter text: The employer name (business name if self-employed).
EMPLOYMENT INFORMATION	Address of Employment	Enter text: The first address line of the employer's physical address.
EMPLOYMENT INFORMATION	City	Enter text: The city of the employer's physical address.
EMPLOYMENT INFORMATION	State	Enter code: The state code of the employer's physical address.
EMPLOYMENT INFORMATION	Zip + 4	Enter code: The postal code of the employer's physical address.
EMPLOYMENT INFORMATION	Work Phone Number	Enter number: The phone number of the employer.
EMPLOYMENT INFORMATION	Years With Current Employer	Enter number: The number of years the named insured has been with their current employer.
EMPLOYMENT INFORMATION	Years With Previous Employer	Enter number: The number of years the named insured has been with their previous employer.
EMPLOYMENT INFORMATION	Co-Applicant's Employer	Enter text: The employer name (business name if self-employed).

EMPLOYMENT INFORMATION	Address of Employment	Enter text: The first address line of the employer's physical address.
EMPLOYMENT INFORMATION	City	Enter text: The city of the employer's physical address.
EMPLOYMENT INFORMATION	State	Enter code: The state code of the employer's physical address.
EMPLOYMENT INFORMATION	Zip + 4	Enter code: The postal code of the employer's physical address.
EMPLOYMENT INFORMATION	Work Phone Number	Enter number: The phone number of the employer.
EMPLOYMENT INFORMATION	Years With Current Employer	Enter number: The number of years the named insured has been with their current employer.
EMPLOYMENT INFORMATION	Years With Previous Employer	Enter number: The number of years the named insured has been with their previous employer.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	# of Years With Company	Enter number: The number of years with the previous insurer.
PRIOR COVERAGE	Assigned Risk Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the prior coverage was an assigned risk policy.
PRIOR COVERAGE	Prior Producer	Enter text: The name of the previous producer.
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.
GENERAL INFORMATION	1. With the exception of any encumbrances, are any vehicles for which insurance is requested not solely owned by and registered to the applicant?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "With the exception of any encumbrances, are any vehicles, for which insurance is requested not solely owned by and registered to the applicant?".
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Name of Other Owner	Enter text: The additional interest's full name. As used here, this is the name of the other owner of the vehicle.
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Name of Other Owner	Enter text: The additional interest's full name. As used here, this is the name of the other owner of the vehicle.

GENERAL INFORMATION	2. Any car modified / special equipment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any vehicles customized, altered or with special equipment?".
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of modified or special equipment on the vehicle.
GENERAL INFORMATION	Cost	Enter amount: The cost of the modified or special equipment on the vehicle.
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of modified or special equipment on the vehicle.
GENERAL INFORMATION	Cost	Enter amount: The cost of the modified or special equipment on the vehicle.
GENERAL INFORMATION	3. Any existing damage?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any existing damage to vehicle? (Include damaged glass)".
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of existing damage on the vehicle.
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of existing damage on the vehicle.
GENERAL INFORMATION	4. Any other losses not shown in the Accidents / Convictions section that were incurred during the time period specified in that section?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any losses not shown in the Accidents / Convictions section that were incurred during the time period specified in that section?".
GENERAL INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION	Description	Enter text: The description of any other losses incurred.
GENERAL INFORMATION	Cost	Enter amount: The cost of any other losses incurred.
GENERAL INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION	Description	Enter text: The description of any other losses incurred.
GENERAL INFORMATION	Cost	Enter amount: The cost of any other losses incurred.
GENERAL INFORMATION	5. Any other automobile insurance?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any other auto insurance in household? (Include any provided by employer)".
GENERAL INFORMATION	Name Insured	Enter text: The named insured on other insurance.

GENERAL INFORMATION	Year	Enter year: The model year of the vehicle. As used here, this is a vehicle covered by other insurance.
GENERAL INFORMATION	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, this is a vehicle covered by other insurance.
GENERAL INFORMATION	Model	Enter text: The manufacturer's model name for the vehicle. As used here, this is a vehicle covered by other insurance.
GENERAL INFORMATION	Carrier	Enter text: The insurer name on any other applicable insurance.
GENERAL INFORMATION	NAIC #	Enter code: The NAIC code of the insurance company that issued the policy.
GENERAL INFORMATION	Policy #	Enter identifier: The policy number of any other applicable insurance.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
GENERAL INFORMATION (continued)	6. Any other insurance with this company?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any other insurance with this company?".
GENERAL INFORMATION (continued)	Policy Number One	Enter identifier: The policy number of any other applicable insurance.
GENERAL INFORMATION (continued)	Type of Insurance One	Enter code: The line of business of the other policy.
GENERAL INFORMATION (continued)	Policy Number Two	Enter identifier: The policy number of any other applicable insurance.
GENERAL INFORMATION (continued)	Type of Insurance Two	Enter code: The line of business of the other policy.
GENERAL INFORMATION (continued)	7. Any household member in military service?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any household member in military service?".
GENERAL INFORMATION (continued)	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (continued)	Branch	Enter text: The branch of military service.
GENERAL INFORMATION (continued)	Rank	Enter text: The driver's rank in the military.

GENERAL INFORMATION (continued)	Base Location	Enter text: The military base's first address line.
GENERAL INFORMATION (continued)	City	Enter text: The city of the military base.
GENERAL INFORMATION (continued)	State	Enter code: The state or province code of the military base.
GENERAL INFORMATION (continued)	Zip	Enter code: The postal code of the military base.
GENERAL INFORMATION (continued)	Country	Enter code: The country code of the military base.
GENERAL INFORMATION (continued)	Veh at Base (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the driver has a vehicle at a military base.
GENERAL INFORMATION (continued)	8. Any license suspended / revoked?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any drivers license been suspended/revoked?".
GENERAL INFORMATION (continued)	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (continued)	Suspension Period - Start Date:	Enter date: The date the driver's license suspension became effective.
GENERAL INFORMATION (continued)	Suspension Period - End Date:	Enter date: The date the driver's license suspension is scheduled to end.
GENERAL INFORMATION (continued)	Explanation	Enter text: The reason the driver's license was suspended or revoked.
GENERAL INFORMATION (continued)	Reinstatement Date	Enter date: The date a suspended or revoked driver's license was reinstated.
GENERAL INFORMATION (continued)	9. Any driver have physical impairment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any driver have a physical impairment that would affect the ability to drive?".
GENERAL INFORMATION (continued)	Drv #	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (continued)	Description of Special Equipment in Vehicle	Enter text: The description of any special equipment.
GENERAL INFORMATION (continued)	10. Any driver undergoing a course of medical treatment for a physical / mental impairment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any driver undergoing a course of medical treatment for a physical or mental impairment that would affect the ability to drive?".

GENERAL INFORMATION (continued)	**Drv #**	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (continued)	**Explanation**	Enter text: The description of any course of medical treatment for a driver with a physical or mental impairment.
GENERAL INFORMATION (continued)	**11. Any financial responsibility filing?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any financial responsibility filing?".
GENERAL INFORMATION (continued)	**Drv #**	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (continued)	**Reason for Filing**	Enter text: The description of why a financial responsibility filing is required.
GENERAL INFORMATION (continued)	**Filing Date**	Enter date: The date on which the financial responsibility filing was originally required.
GENERAL INFORMATION (continued)	**12. Has insurance been transferred within agency?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has insurance been transferred within agency?".
GENERAL INFORMATION (continued)	**Explanation**	Enter text: An explanation of insurance transferred within the agency.
GENERAL INFORMATION (continued)	**13. Any coverage declined, cancelled or non-renewed during the last three (3) years?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years?".
GENERAL INFORMATION (continued)	**Drv #**	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (continued)	**Reason declined, cancelled, or non-renewed**	Enter text: The description of the reason for coverage being declined, cancelled or non-renewed within the last mandated number of years.
GENERAL INFORMATION (continued)	**14. Is this brokered business to the agent?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Is this brokered business to the agent?".
GENERAL INFORMATION (continued)	**Explanation**	Enter text: An explanation of brokered business to the agent.
GENERAL INFORMATION (continued)	**15. Has Agent Inspected Vehicle?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Has agent inspected vehicle?".
GENERAL INFORMATION (continued)	**Explanation**	Enter text: An explanation indicating if agent has inspected vehicle.

GENERAL INFORMATION (continued)	**16. Has any applicant or driver had a foreclosure, repossession, bankruptcy, judgement or lien during the last five (5) years?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Has any applicant or driver had a foreclosure, repossession, bankruptcy, judgment or lien during the last specified number of years?".
GENERAL INFORMATION (continued)	**Drv #**	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (continued)	**Explanation**	Enter text: An explanation of any applicant or driver who has had a foreclosure, repossession, bankruptcy, judgment or lien during the last mandated number of years.
GENERAL INFORMATION (continued)	**17. Has any named insured driven without liability insurance during any part of the last six (6) months?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any named insured driven without liability insurance during any part of the last six (6) months?".
GENERAL INFORMATION (continued)	**Drv #**	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION (continued)	**Explanation**	Enter text: The explanation of why the driver has driven without liability insurance during any part of the last six (6) months.
GENERAL INFORMATION (continued)	**18. Any applicant covered by a wage continuation plan?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any applicant covered by a wage continuation plan?"
GENERAL INFORMATION (continued)	**Name of Plan**	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the applicant.
GENERAL INFORMATION (continued)	**Person Covered**	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the applicant.
GENERAL INFORMATION (continued)	**Name of Plan**	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the co-applicant.
GENERAL INFORMATION (continued)	**Person Covered**	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the co-applicant.
REMARKS / ATTACHMENTS	**Young Driver Questionnaire**	Check the box (if applicable): Indicates if an attachment will follow containing a young driver questionnaire.
REMARKS / ATTACHMENTS	**Driver Training Certificate**	Check the box (if applicable): Indicates if an attachment will follow containing a driver training certificate.
REMARKS / ATTACHMENTS	**Good Student Certificate**	Check the box (if applicable): Indicates if an attachment will follow containing a good student certificate.

REMARKS / ATTACHMENTS	Anti-Theft Device Certificate	Check the box (if applicable): Indicates if an attachment will follow containing an anti-theft device certificate.
REMARKS / ATTACHMENTS	Medical Statement	Check the box (if applicable): Indicates if an attachment will follow containing a medical statement.
REMARKS / ATTACHMENTS	Motor Vehicle Report	Check the box (if applicable): Indicates if an attachment will follow containing a motor vehicle report.
REMARKS / ATTACHMENTS	Photograph	Check the box (if applicable): Indicates if an attachment will follow containing a photograph.
REMARKS / ATTACHMENTS	Bill of Sale	Check the box (if applicable): Indicates if an attachment will follow containing a bill of sale.
REMARKS / ATTACHMENTS	Other	Check the box (if applicable): Indicates there are attachments other than those listed.
REMARKS / ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Other	Check the box (if applicable): Indicates there are attachments other than those listed.
REMARKS / ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Other	Check the box (if applicable): Indicates there are attachments other than those listed.
REMARKS / ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Remarks	Enter text: The personal vehicle line of business remarks.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
REMARKS	Remarks	Enter text: The personal vehicle line of business remarks.
BINDER / SIGNATURE	Effective Date	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.
BINDER / SIGNATURE	Time	Enter time: The time of day on the effective date in which the terms and conditions of the binder will commence.
BINDER / SIGNATURE	Expiration Date	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.
BINDER / SIGNATURE	12:01	Check the box (if applicable): Indicates the binder expires at 12:01 AM on the expiration date.
BINDER / SIGNATURE	Noon	Check the box (if applicable): Indicates the binder expires at 12:00 noon on the expiration date.
BINDER / SIGNATURE	Coverage Not Bound	Check the box (if applicable): Indicates the coverage has not been bound.

BINDER / SIGNATURE	ACORD 38 NY check box	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language.
BINDER / SIGNATURE	Producer's Statement	Enter text: The length of time the named insured has been known by the producer.
BINDER / SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
BINDER / SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
BINDER / SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
BINDER / SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
APPLICANT/NAMED INSURED'S SIGNATURE	Consumer Reporting Agency	Enter text: The code identifies an external source that may be used to provide financial or credit information. For example, a Dun and Bradstreet Number, TRW number, Equifax, Trans-Union, etc.