

ACORD 160 (2016/09) - BUSINESS OWNERS SECTION

ACORD 160, Business Owners Section, is designed to be used with most business owners and small business policies. The form must be attached to ACORD 125, Commercial Insurance Application, Applicant Information Section, and collects property, liability and additional coverages, such as accounts receivables, boiler and machinery, crime, glass, signs and valuable papers. Space is provided for company - specific additional coverages as well.

The form can accommodate specialty programs, such as apartment, condominiums or restaurants.

Individual carriers should be contacted for unique underwriting and any other information required by specific companies.

Form Page 1

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).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency Name	Enter text: The full name of the producer / agency.
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	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	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	First Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Policy Type - Standard	Check the box (if applicable): Indicates the type of policy / perils insured is standard.
IDENTIFICATION SECTION	Policy Type - Special	Check the box (if applicable): Indicates the type of policy / perils insured is special.
IDENTIFICATION SECTION	Policy Type - Other	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
IDENTIFICATION SECTION	Policy Type - Other Description	Enter text: The description of the type of policy issued to the insured.
PREMIUM	Liability	Enter amount: The total premium amount for liability coverages.

PREMIUM	Property	Enter amount: The total premium amount for property coverages
PREMIUM	Other Description	Enter text: The description of coverages associated with the total premium amount.
PREMIUM	Other Amount	Enter amount: The total premium amount for the coverages.
PREMIUM	Other Description	Enter text: The description of coverages associated with the total premium amount.
PREMIUM	Other Amount	Enter amount: The total premium amount for the coverages.
PREMIUM	Other Description	Enter text: The description of coverages associated with the total premium amount.
PREMIUM	Other Amount	Enter amount: The total premium amount for the coverages.
PREMIUM	Other Description	Enter text: The description of coverages associated with the total premium amount.
PREMIUM	Other Amount	Enter amount: The total premium amount for the coverages.
PREMIUM	Minimum Premium	Enter amount: The minimum premium amount for the business owners (BOP) line of business.
PREMIUM	Total Estimated Premium	Enter amount: The total estimated premium amount for the business owners (BOP) line of business.
BLANKET SUMMARY	BIkt #	Enter number: The identifying number for the blanket.
BLANKET SUMMARY	Amount	Enter limit: The maximum amount of coverage provided for the blanket.
BLANKET SUMMARY	Type	Enter text: The subject(s) of insurance covered by this blanket. Examples include Building, Contents, or Combined Building and Contents.
BLANKET SUMMARY	BIkt #	Enter number: The identifying number for the blanket.
BLANKET SUMMARY	Amount	Enter limit: The maximum amount of coverage provided for the blanket.
BLANKET SUMMARY	Type	Enter text: The subject(s) of insurance covered by this blanket. Examples include Building, Contents, or Combined Building and Contents.
GENERAL INFORMATION	1. Do / have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do / have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of any past, present or discontinued operations that involve(d) storing, treating, discharging, applying, disposing or transporting hazardous material.
GENERAL INFORMATION	2. Are athletic teams sponsored?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are athletic teams sponsored?".
GENERAL INFORMATION	Type of Sport	Enter text: The description of the type of sport in which the sponsored athletic team is involved.

GENERAL INFORMATION	Contact Sport (Y / N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the sponsored athletic team is involved in a contact sport.
GENERAL INFORMATION	Age Group - 12 & Under	Check the box (if applicable): Indicates the sport participants are 12 years old or under.
GENERAL INFORMATION	Age Group - 13 - 18	Check the box (if applicable): Indicates the sport participants are 13 through 18 years old.
GENERAL INFORMATION	Age Group - Over 18	Check the box (if applicable): Indicates the sport participants are over 18 years old.
GENERAL INFORMATION	Extent of Sponsorship	Enter text: The description of the extent of sponsorship the named insured provides for the athletic team.
GENERAL INFORMATION	Type of Sport	Enter text: The description of the type of sport in which the sponsored athletic team is involved.
GENERAL INFORMATION	Contact Sport (Y / N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the sponsored athletic team is involved in a contact sport.
GENERAL INFORMATION	Age Group - 12 & Under	Check the box (if applicable): Indicates the sport participants are 12 years old or under.
GENERAL INFORMATION	Age Group - 13 - 18	Check the box (if applicable): Indicates the sport participants are 13 through 18 years old.
GENERAL INFORMATION	Age Group - Over 18	Check the box (if applicable): Indicates the sport participants are over 18 years old.
GENERAL INFORMATION	Extent of Sponsorship	Enter text: The description of the extent of sponsorship the named insured provides for the athletic team.
GENERAL INFORMATION	3. Do you obtain and verify certificates of insurance obtained from subcontractors, manufacturers and/or suppliers?	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Do you obtain and verify certificates of insurance from subcontractors, manufacturers and / or suppliers?".
GENERAL INFORMATION	Explanation	Enter text: An explanation as to why you do not obtain and verify certificates of insurance obtained from subcontractors, manufacturers and/or suppliers.
GENERAL INFORMATION	4. Do you lease employees to or from other employers?	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Do you lease employees to or from other employers?".
GENERAL INFORMATION	Lease To	Enter text: The additional interest's full name. As used here, this is the company that employees are leased to.
GENERAL INFORMATION	Workers Compensation Coverage Carried (Y / N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Is workers compensation coverage carried?".
GENERAL INFORMATION	Lease To	Enter text: The additional interest's full name. As used here, this is the company that employees are leased to.
GENERAL INFORMATION	Workers Compensation Coverage Carried (Y / N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Is workers compensation coverage carried?".

GENERAL INFORMATION	Lease From	Enter text: The additional interest's full name. As used here, this is the company that employees are leased from.
GENERAL INFORMATION	Workers Compensation Coverage Carried (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is workers compensation coverage carried?".
GENERAL INFORMATION	Lease From	Enter text: The additional interest's full name. As used here, this is the company that employees are leased from.
GENERAL INFORMATION	Workers Compensation Coverage Carried (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is workers compensation coverage carried?".
GENERAL INFORMATION	5. Do you own or operate any other business?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you own or operate any other business?".
GENERAL INFORMATION	Street, City, State, Zip	Enter text: The address line one of the physical location.
GENERAL INFORMATION		Enter text: The city name of the physical location.
GENERAL INFORMATION		Enter code: The state or province code of the physical location.
GENERAL INFORMATION		Enter code: The postal code of the physical location.
GENERAL INFORMATION	Type of Business or Loc - Service	Check the box (if applicable): Indicates the nature of business is service.
GENERAL INFORMATION	Type of Business or Loc - Office	Check the box (if applicable): Indicates the nature of business is an office.
GENERAL INFORMATION	Type of Business or Loc - Retail	Check the box (if applicable): Indicates the nature of business is retail.
GENERAL INFORMATION	Type of Business or Loc - Wholesale	Check the box (if applicable): Indicates the nature of business is wholesale.
GENERAL INFORMATION	Type of Business or Loc - Other	Check the box (if applicable): Indicates the nature of business is other than those listed.
GENERAL INFORMATION	Type of Business or Loc - Other Description	Enter text: The description of the other nature / type of business.
GENERAL INFORMATION	Building Interest - Own	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
GENERAL INFORMATION	Building Interest - Lease	Check the box (if applicable): Indicates the named insured leases the building.
GENERAL INFORMATION	Building Interest - Rent	Check the box (if applicable): Indicates the named insured rents the building.
GENERAL INFORMATION	Building Interest - Other	Check the box (if applicable): Indicates the named insured's interest in the building is other than those listed.

GENERAL INFORMATION	Building Interest - Other Description	Enter text: The description of the insured's interest in the building when it is other than those listed.
GENERAL INFORMATION	Operations	Enter text: The description of the operations of this risk. A restatement of the products classification wording is often not sufficient (e.g., "Metal Goods Manufacturing NOC" could include anything from paper clips to bridge girders).
GENERAL INFORMATION	Street, City, State, Zip	Enter text: The address line one of the physical location.
GENERAL INFORMATION		Enter text: The city name of the physical location.
GENERAL INFORMATION		Enter code: The state or province code of the physical location.
GENERAL INFORMATION		Enter code: The postal code of the physical location.
GENERAL INFORMATION	Type of Business or Loc - Service	Check the box (if applicable): Indicates the nature of business is service.
GENERAL INFORMATION	Type of Business or Loc - Office	Check the box (if applicable): Indicates the nature of business is an office.
GENERAL INFORMATION	Type of Business or Loc - Retail	Check the box (if applicable): Indicates the nature of business is retail.
GENERAL INFORMATION	Type of Business or Loc - Wholesale	Check the box (if applicable): Indicates the nature of business is wholesale.
GENERAL INFORMATION	Type of Business or Loc - Other	Check the box (if applicable): Indicates the nature of business is other than those listed.
GENERAL INFORMATION	Type of Business or Loc - Other Description	Enter text: The description of the other nature / type of business.
GENERAL INFORMATION	Building Interest - Own	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
GENERAL INFORMATION	Building Interest - Lease	Check the box (if applicable): Indicates the named insured leases the building.
GENERAL INFORMATION	Building Interest - Rent	Check the box (if applicable): Indicates the named insured rents the building.
GENERAL INFORMATION	Building Interest - Other	Check the box (if applicable): Indicates the named insured's interest in the building is other than those listed.
GENERAL INFORMATION	Building Interest - Other Description	Enter text: The description of the insured's interest in the building when it is other than those listed.
GENERAL INFORMATION	Operations	Enter text: The description of the operations of this risk. A restatement of the products classification wording is often not sufficient (e.g., "Metal Goods Manufacturing NOC" could include anything from paper clips to bridge girders).

GENERAL INFORMATION	6. In addition to your primary nature of business are you also involved in manufacture, relabeling or repackaging of others products?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "In addition to your primary nature of business are you also involved in the manufacture, relabeling or repackaging of others products?".
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether you are also involved in the manufacture, relabeling or repackaging of others products in addition to your primary business.
GENERAL INFORMATION	7. In addition to your primary nature of business are you also involved in the mixing of others products?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "In addition to your primary nature of business are you also involved in the mixing of others products?".
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether you are also involved in the mixing of others products in addition to your primary business.
GENERAL INFORMATION	8. Do you rent or loan equipment to others?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you rent or loan equipment to others?".
GENERAL INFORMATION	Equipment	Enter text: The description of the item.
GENERAL INFORMATION	Type of Equipment - Small Tools	Check the box (if applicable): Indicates the subclass / grouping of property into which the item falls is small tools.
GENERAL INFORMATION	Type of Equipment - Large Equipment	Check the box (if applicable): Indicates the subclass / grouping of property into which the item falls is large equipment.
GENERAL INFORMATION	Instruction Given (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether instruction is given on how to use the item when it is rented or loaned to others.
GENERAL INFORMATION	Equipment	Enter text: The description of the item.
GENERAL INFORMATION	Type of Equipment - Small Tools	Check the box (if applicable): Indicates the subclass / grouping of property into which the item falls is small tools.
GENERAL INFORMATION	Type of Equipment - Large Equipment	Check the box (if applicable): Indicates the subclass / grouping of property into which the item falls is large equipment.
GENERAL INFORMATION	Instruction Given (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether instruction is given on how to use the item when it is rented or loaned to others.
GENERAL INFORMATION	9. Does the operation have hours after 9:00 PM and/or 24 hour operations?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the operation have hours after 9:00 PM and / or 24 hour operations?".
GENERAL INFORMATION	Start Time	Enter time: The starting time for the normal business day.
GENERAL INFORMATION	End Time	Enter time: The closing time for the normal business day.

GENERAL INFORMATION	24 Hour Operations	Check the box (if applicable): Indicates the business is open 24 hours a day.
REMARKS	Remarks	Enter text: The description of any additional information required for underwriting or rating the business owners line of business. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

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).
LIABILITY COVERAGES - POLICY LEVEL	Bodily Injury and Property Damage - Occurrence	Enter limit: The bodily injury each occurrence limit amount. As used here, this is the Bodily Injury and Property Damage limit per occurrence.
LIABILITY COVERAGES - POLICY LEVEL	Bodily Injury and Property Damage - Aggregate	Enter limit: The commercial general liability policy, bodily injury aggregate limit amount. As used here, this is the Bodily Injury and Property Damage aggregate limit.
LIABILITY COVERAGES - POLICY LEVEL	Bodily Injury and Property Damage - Deductible	Enter deductible: The deductible applicable to the Bodily Injury coverage. As used here, this is the Bodily Injury and Property Damage deductible.
LIABILITY COVERAGES - POLICY LEVEL	Bodily Injury and Property Damage - Included	Check the box (if applicable): Indicates bodily injury coverage is included in the policy. As used here, indicates Bodily Injury and Property Damage coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Bodily Injury and Property Damage - Form Number	Enter identifier: The form number used by the company for bodily injury coverage. As used here, this is the form number used by the company for Bodily Injury and Property Damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Bodily Injury and Property Damage - Form Date	Enter date: The edition date of the form used by the company for bodily injury coverage. As used here, the edition date of the form used by the company for Bodily Injury and Property Damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Bodily Injury and Property Damage - Premium	Enter amount: The premium amount for bodily injury coverage. As used here, the premium amount for Bodily Injury and Property Damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Medical Expense (per person) - Total Amount	Enter limit: The general liability, medical expense each person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY COVERAGES - POLICY LEVEL	Medical Expense (per person) - Deductible	Enter deductible: The deductible amount for medical expense coverage.
LIABILITY COVERAGES - POLICY LEVEL	Medical Expense (per person) - Included	Check the box (if applicable): Indicates medical expense coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Medical Expense (per person) - Form Number	Enter identifier: The form number used by the company for medical expense coverage.

LIABILITY COVERAGES - POLICY LEVEL	Medical Expense (per person) - Form Date	Enter date: The edition date of the form used by the company for medical expense coverage.
LIABILITY COVERAGES - POLICY LEVEL	Medical Expense (per person) - Premium	Enter amount: The premium amount for medical expense coverage.
LIABILITY COVERAGES - POLICY LEVEL	Personal & Advertising Injury - Total Amount	Enter limit: The general liability, personal and advertising injury limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY COVERAGES - POLICY LEVEL	Personal & Advertising Injury - Deductible	Enter deductible: The deductible amount for personal and advertising injury coverage.
LIABILITY COVERAGES - POLICY LEVEL	Personal & Advertising Injury - Included	Check the box (if applicable): Indicates personal and advertising injury coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Personal & Advertising Injury - Form Number	Enter identifier: The form number used by the company for personal and advertising injury coverage.
LIABILITY COVERAGES - POLICY LEVEL	Personal & Advertising Injury - Form Date	Enter date: The edition date of the form used by the company for personal and advertising injury coverage.
LIABILITY COVERAGES - POLICY LEVEL	Personal & Advertising Injury - Premium	Enter amount: The premium amount for personal and advertising injury coverage.
LIABILITY COVERAGES - POLICY LEVEL	Products & Completed Operations - Total Amount	Enter limit: The general liability, products and completed operations aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY COVERAGES - POLICY LEVEL	Products & Completed Operations - Deductible	Enter deductible: The deductible amount for products and completed operations coverage.
LIABILITY COVERAGES - POLICY LEVEL	Products & Completed Operations - Included	Check the box (if applicable): Indicates products and completed operations coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Products & Completed Operations - Form Number	Enter identifier: The form number used by the company for products and completed operations coverage.
LIABILITY COVERAGES - POLICY LEVEL	Products & Completed Operations - Form Date	Enter date: The edition date of the form used by the company for products and completed operations coverage.
LIABILITY COVERAGES - POLICY LEVEL	Products & Completed Operations - Premium	Enter amount: The premium amount for products and completed operations coverage.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Employment Practices Liability (EPLI) - Total Amount	Enter limit: The limit amount for employment practices liability (EPLI) coverage.

LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Employment Practices Liability (EPLI) - Retroactive Date	Enter date: The retroactive date requested for employment practices liability (EPLI) coverage. (MM/DD/YYYY)
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Employment Practices Liability (EPLI) - Deductible	Enter deductible: The deductible amount for employment practices liability (EPLI) coverage.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Employment Practices Liability (EPLI) - Included	Check the box (if applicable): Indicates employment practices liability (EPLI) coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Employment Practices Liability (EPLI) - Form Number	Enter identifier: The form number used by the company for employment practices liability (EPLI) coverage.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Employment Practices Liability (EPLI) - Form Date	Enter date: The edition date of the form used by the company for employment practices liability (EPLI) coverage.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Employment Practices Liability (EPLI) - Premium	Enter amount: The premium amount for employment practices liability (EPLI) coverage.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Directors & Officers - Total Amount	Enter limit: The limit amount for directors and officers (D&O) coverage.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Directors & Officers - Retroactive Date	Enter date: The retroactive date requested for Directors & Officers (D&O) coverage. (MM/DD/YYYY)
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Directors & Officers - Deductible	Enter deductible: The deductible amount for directors and officers (D&O) coverage.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Directors & Officers - Included	Check the box (if applicable): Indicates directors and officers (D&O) coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Directors & Officers - Form Number	Enter identifier: The form number used by the company for directors and officers (D&O) coverage.

LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Directors & Officers - Form Date	Enter date: The edition date of the form used by the company for directors and officers (D&O) coverage.
LIABILITY COVERAGES - POLICY LEVEL	Professional Liability - Directors & Officers - Premium	Enter amount: The premium amount for directors and officers (D&O) coverage.
LIABILITY COVERAGES - POLICY LEVEL	Tenants Legal Liability - Total Amount	Enter limit: The limit amount for tenants legal liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Tenants Legal Liability - Deductible	Enter deductible: The deductible amount for tenants legal liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Tenants Legal Liability - Included	Check the box (if applicable): Indicates tenants legal liability coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Tenants Legal Liability - Form Number	Enter identifier: The form number used by the company for tenants legal liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Tenants Legal Liability - Form Date	Enter date: The edition date of the form used by the company for tenants legal liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Tenants Legal Liability - Premium	Enter amount: The premium amount for tenants legal liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Physical Damage - Total Amount	Enter limit: The limit amount for hired auto physical damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Physical Damage - Deductible	Enter deductible: The deductible amount for hired auto physical damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Physical Damage - Included	Check the box (if applicable): Indicates hired auto physical damage coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Physical Damage - Form Number	Enter identifier: The form number used by the company for hired auto physical damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Physical Damage - Form Date	Enter date: The edition date of the form used by the company for hired auto physical damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Physical Damage - Premium	Enter amount: The premium amount for hired auto physical damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Bodily Injury - Total Amount	Enter limit: The limit amount for hired auto bodily injury coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Bodily Injury - Deductible	Enter deductible: The deductible amount for hired auto bodily injury coverage.

LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Bodily Injury - Included	Check the box (if applicable): Indicates hired auto bodily injury coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Bodily Injury - Form Number	Enter identifier: The form number used by the company for hired auto bodily injury coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Bodily Injury - Form Date	Enter date: The edition date of the form used by the company for hired auto bodily injury coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Bodily Injury - Premium	Enter amount: The premium amount for hired auto bodily injury coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Property Damage - Total Amount	Enter limit: The limit amount for hired auto property damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Property Damage - Deductible	Enter deductible: The deductible amount for hired auto property damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Property Damage - Included	Check the box (if applicable): Indicates hired auto property damage coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Property Damage - Form Number	Enter identifier: The form number used by the company for hired auto property damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Property Damage - Form Date	Enter date: The edition date of the form used by the company for hired auto property damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Hired Liability - Property Damage - Premium	Enter amount: The premium amount for hired auto property damage coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Non-Owned - Total Amount	Enter limit: The limit amount for non-owned auto coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Non-Owned - Deductible	Enter deductible: The deductible amount for non-owned auto coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Non-Owned - Included	Check the box (if applicable): Indicates non-owned auto coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Non-Owned - Form Number	Enter identifier: The form number used by the company for non-owned auto coverage.
LIABILITY COVERAGES - POLICY LEVEL	Auto - Non-Owned - Form Date	Enter date: The edition date of the form used by the company for non-owned auto coverage.

LIABILITY COVERAGES - POLICY LEVEL	Auto - Non-Owned - Premium	Enter amount: The premium amount for non-owned auto coverage.
LIABILITY COVERAGES - POLICY LEVEL	Employee Benefits Liability - Total Amount	Enter limit: The general liability employee benefits limit amount.
LIABILITY COVERAGES - POLICY LEVEL	Employee Benefits Liability - Retroactive Date	Enter date: The retroactive date that is the earliest date for which an occurrence could "trigger" coverage under Employee Benefits coverage. (MM/DD/YYYY)
LIABILITY COVERAGES - POLICY LEVEL	Employee Benefits Liability - Deductible	Enter deductible: The deductible per claim applicable to Employee Benefits Liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Employee Benefits Liability - Included	Check the box (if applicable): Indicates employee benefits coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Employee Benefits Liability - Form Number	Enter identifier: The form number used by the company for employee benefits coverage.
LIABILITY COVERAGES - POLICY LEVEL	Employee Benefits Liability - Form Date	Enter date: The edition date of the form used by the company for employee benefits coverage.
LIABILITY COVERAGES - POLICY LEVEL	Employee Benefits Liability - Premium	Enter amount: The premium amount for employee benefits coverage.
LIABILITY COVERAGES - POLICY LEVEL	Extended Employee Dishonesty - Total Amount	Enter limit: The limit amount for extended employee dishonesty coverage.
LIABILITY COVERAGES - POLICY LEVEL	Extended Employee Dishonesty - Deductible	Enter deductible: The deductible amount for extended employee dishonesty coverage.
LIABILITY COVERAGES - POLICY LEVEL	Extended Employee Dishonesty - Included	Check the box (if applicable): Indicates extended employee dishonesty coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Extended Employee Dishonesty - Form Number	Enter identifier: The form number used by the company for extended employee dishonesty coverage.
LIABILITY COVERAGES - POLICY LEVEL	Extended Employee Dishonesty - Form Date	Enter date: The edition date of the form used by the company for extended employee dishonesty coverage.
LIABILITY COVERAGES - POLICY LEVEL	Extended Employee Dishonesty - Premium	Enter amount: The premium amount for extended employee dishonesty coverage.
LIABILITY COVERAGES - POLICY LEVEL	Freight or Passenger Elevators Inspection Fee - Total Amount	Enter limit: The limit amount for freight or passenger elevators inspection fee coverage.
LIABILITY COVERAGES - POLICY LEVEL	Freight or Passenger Elevators Inspection Fee - Deductible	Enter deductible: The deductible amount for freight or passenger elevators inspection fee coverage.

LIABILITY COVERAGES - POLICY LEVEL	Freight or Passenger Elevators Inspection Fee - Included	Check the box (if applicable): Indicates freight or passenger elevators inspection fee coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Freight or Passenger Elevators Inspection Fee - Form Number	Enter identifier: The form number used by the company for freight or passenger elevators inspection fee coverage.
LIABILITY COVERAGES - POLICY LEVEL	Freight or Passenger Elevators Inspection Fee - Form Date	Enter date: The edition date of the form used by the company for freight or passenger elevators inspection fee coverage.
LIABILITY COVERAGES - POLICY LEVEL	Freight or Passenger Elevators Inspection Fee - Premium	Enter amount: The premium amount for freight or passenger elevators inspection fee coverage.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - General Aggregate	Enter limit: The aggregate limit amount for liquor liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - Per Person	Enter limit: The per person limit amount for liquor liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - Other Description	Enter text: The description of the other liquor liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - Other Total Limit	Enter limit: The limit amount for liquor liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - Deductible	Enter deductible: The deductible amount for liquor liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - Included	Check the box (if applicable): Indicates liquor liability coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - Form Number	Enter identifier: The form number used by the company for liquor liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - Form Date	Enter date: The edition date of the form used by the company for liquor liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Liquor Liability - Premium	Enter amount: The premium amount for liquor liability coverage.
LIABILITY COVERAGES - POLICY LEVEL	Medical Payments - Total Amount	Enter limit: The limit amount for medical payments coverage.
LIABILITY COVERAGES - POLICY LEVEL	Medical Payments - Deductible	Enter deductible: The deductible amount for medical payments coverage.

LIABILITY COVERAGES - POLICY LEVEL	Medical Payments - Included	Check the box (if applicable): Indicates medical payments coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Medical Payments - Form Number	Enter identifier: The form number used by the company for medical payments coverage.
LIABILITY COVERAGES - POLICY LEVEL	Medical Payments - Form Date	Enter date: The edition date of the form used by the company for medical payments coverage.
LIABILITY COVERAGES - POLICY LEVEL	Medical Payments - Premium	Enter amount: The premium amount for medical payments coverage.
LIABILITY COVERAGES - POLICY LEVEL	Mobile Equipment Subject to Motor Vehicle Laws - Total Amount	Enter limit: The limit amount for mobile equipment subject to motor vehicle laws coverage.
LIABILITY COVERAGES - POLICY LEVEL	Mobile Equipment Subject to Motor Vehicle Laws - Deductible	Enter deductible: The deductible amount for mobile equipment subject to motor vehicle laws coverage.
LIABILITY COVERAGES - POLICY LEVEL	Mobile Equipment Subject to Motor Vehicle Laws - Included	Check the box (if applicable): Indicates mobile equipment subject to motor vehicle laws coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Mobile Equipment Subject to Motor Vehicle Laws - Form Number	Enter identifier: The form number used by the company for mobile equipment subject to motor vehicle laws coverage.
LIABILITY COVERAGES - POLICY LEVEL	Mobile Equipment Subject to Motor Vehicle Laws - Form Date	Enter date: The edition date of the form used by the company for mobile equipment subject to motor vehicle laws coverage.
LIABILITY COVERAGES - POLICY LEVEL	Mobile Equipment Subject to Motor Vehicle Laws - Premium	Enter amount: The premium amount for mobile equipment subject to motor vehicle laws coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Collision - Total Amount	Enter limit: The limit amount for garage physical damage collision coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Collision - Deductible	Enter deductible: The deductible amount for garage physical damage collision coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Collision - Included	Check the box (if applicable): Indicates garage physical damage collision coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Collision - Form Number	Enter identifier: The form number used by the company for garage physical damage collision coverage.

LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Collision - Form Date	Enter date: The edition date of the form used by the company for garage physical damage collision coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Collision - Premium	Enter amount: The premium amount for garage physical damage collision coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Comprehensive / OTC - Total Amount	Enter limit: The limit amount for garage physical damage comprehensive / other than collision coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Comprehensive / OTC - Deductible	Enter deductible: The deductible amount for garage physical damage comprehensive / other than collision coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Comprehensive / OTC - Included	Check the box (if applicable): Indicates garage physical damage comprehensive / other than collision coverage is included in the policy.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Comprehensive / OTC - Form Number	Enter identifier: The form number used by the company for garage physical damage comprehensive / other than collision coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Comprehensive / OTC - Form Date	Enter date: The edition date of the form used by the company for garage physical damage comprehensive / other than collision coverage.
LIABILITY COVERAGES - POLICY LEVEL	Garage Physical Damage - Comprehensive / OTC - Premium	Enter amount: The premium amount for garage comprehensive / other than collision coverage.
GARAGE KEEPERS	Legal Liability (Checkbox)	Check the box (if applicable): Indicates the policy is to be written on a legal liability basis.
GARAGE KEEPERS	Direct Basis (Checkbox)	Check the box (if applicable): Indicates the policy is to be written on a direct basis.
GARAGE KEEPERS	Primary (Checkbox)	Check the box (if applicable): Indicates this policy is the primary coverage.
GARAGE KEEPERS	Excess (Checkbox)	Check the box (if applicable): Indicates this policy is for excess coverage.
GARAGE KEEPERS	Comp / OTC	Check the box (if applicable): Indicates the garage keepers coverage is comprehensive / other than collision.
GARAGE KEEPERS	Specified Perils	Check the box (if applicable): Indicates the garage keepers coverage is for specified perils.
GARAGE KEEPERS	Perils option field	Enter text: The codes associated with specified perils coverage. The codes are: F - Fire, F&T - Fire and Theft, FTW - Fire, Theft and Wind, LSP - Limited Specified Perils, SP - Specified Perils.
GARAGE KEEPERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.

GARAGE KEEPERS	Other Covered Auto Symbol - Code	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
GARAGE KEEPERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
GARAGE KEEPERS	Other Covered Auto Symbol - Code	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
GARAGE KEEPERS	LOC # - One	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Limit Per Location - One	Enter limit: The garage keepers comprehensive / other than collision or specified perils limit amount.
GARAGE KEEPERS	# of Autos - One	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto - One	Enter deductible: The garage keepers comprehensive / other than collision or specified perils per auto deductible amount.
GARAGE KEEPERS	Maximum Deductible Per Loss - One	Enter deductible: The garage keepers comprehensive / other than collision or specified perils maximum deductible per loss amount.
GARAGE KEEPERS	Premium - One	Enter amount: The garage keepers comprehensive / other than collision or specified perils premium amount.
GARAGE KEEPERS	LOC # - Two	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Limit Per Location - Two	Enter limit: The garage keepers comprehensive / other than collision or specified perils limit amount.
GARAGE KEEPERS	# of Autos - Two	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto - Two	Enter deductible: The garage keepers comprehensive / other than collision or specified perils per auto deductible amount.
GARAGE KEEPERS	Maximum Deductible Per Loss - Two	Enter deductible: The garage keepers comprehensive / other than collision or specified perils maximum deductible per loss amount.
GARAGE KEEPERS	Premium - Two	Enter amount: The garage keepers comprehensive / other than collision or specified perils premium amount.
GARAGE KEEPERS	LOC # - Three	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Limit Per Location - Three	Enter limit: The garage keepers comprehensive / other than collision or specified perils limit amount.

GARAGE KEEPERS	# of Autos - Three	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto - Three	Enter deductible: The garage keepers comprehensive / other than collision or specified perils per auto deductible amount.
GARAGE KEEPERS	Maximum Deductible Per Loss - Three	Enter deductible: The garage keepers comprehensive / other than collision or specified perils maximum deductible per loss amount.
GARAGE KEEPERS	Premium - Three	Enter amount: The garage keepers comprehensive / other than collision or specified perils premium amount.
GARAGE KEEPERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
GARAGE KEEPERS	Other Covered Auto Symbol - Code	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
GARAGE KEEPERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
GARAGE KEEPERS	Other Covered Auto Symbol - Code	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
GARAGE KEEPERS	LOC # - Four	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Limit Per Location - Four	Enter limit: The garage keepers collision limit amount.
GARAGE KEEPERS	# of Autos - Four	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto - Four	Enter deductible: The garage keepers collision per auto deductible amount.
GARAGE KEEPERS	Premium - Four	Enter amount: The garage keepers collision premium amount.
GARAGE KEEPERS	LOC # - Five	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Limit Per Location - Five	Enter limit: The garage keepers collision limit amount.
GARAGE KEEPERS	# of Autos - Five	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto - Five	Enter deductible: The garage keepers collision per auto deductible amount.
GARAGE KEEPERS	Premium - Five	Enter amount: The garage keepers collision premium amount.
GARAGE KEEPERS	LOC # - Six	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Limit Per Location - Six	Enter limit: The garage keepers collision limit amount.

GARAGE KEEPERS	# of Autos - Six	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto - Six	Enter deductible: The garage keepers collision per auto deductible amount.
GARAGE KEEPERS	Premium - Six	Enter amount: The garage keepers collision premium amount.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Coverage Code	Enter code: The code for the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible	Enter deductible: The deductible applicable to the Other Coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Terr	Enter code: The rating territory code applicable to the coverage.

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to a question associated with the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description of Credit / Surcharge Amount	Enter text: The description of credits and / or surcharges applicable to the policy.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Premium	Enter amount: The premium for other general liability coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Coverage Code	Enter code: The code for the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible	Enter deductible: The deductible applicable to the Other Coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.

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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description of Credit / Surcharge Amount	Enter text: The description of credits and / or surcharges applicable to the policy.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Premium	Enter amount: The premium for other general liability coverage.
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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible	Enter deductible: The deductible applicable to the Other Coverage.

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Terr	Enter code: The rating territory code applicable to the coverage.
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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description of Credit / Surcharge Amount	Enter text: The description of credits and / or surcharges applicable to the policy.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Premium	Enter amount: The premium for other general liability coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Coverage Code	Enter code: The code for the coverage.
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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible	Enter deductible: The deductible applicable to the Other Coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Terr	Enter code: The rating territory code applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to a question associated with the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description of Credit / Surcharge Amount	Enter text: The description of credits and / or surcharges applicable to the policy.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Premium	Enter amount: The premium for other general liability coverage.
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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible	Enter deductible: The deductible applicable to the Other Coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Terr	Enter code: The rating territory code applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to a question associated with the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description of Credit / Surcharge Amount	Enter text: The description of credits and / or surcharges applicable to the policy.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Premium	Enter amount: The premium for other general liability coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Coverage Code	Enter code: The code for the coverage.

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible	Enter deductible: The deductible applicable to the Other Coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Terr	Enter code: The rating territory code applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to a question associated with the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description of Credit / Surcharge Amount	Enter text: The description of credits and / or surcharges applicable to the policy.

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Premium	Enter amount: The premium for other general liability coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Coverage Code	Enter code: The code for the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible	Enter deductible: The deductible applicable to the Other Coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to a question associated with the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description of Credit / Surcharge Amount	Enter text: The description of credits and / or surcharges applicable to the policy.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Premium	Enter amount: The premium for other general liability coverage.
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LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Limit Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible	Enter deductible: The deductible applicable to the Other Coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Options	Enter code: The code for an option applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Terr	Enter code: The rating territory code applicable to the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to a question associated with the coverage.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Description of Credit / Surcharge Amount	Enter text: The description of credits and / or surcharges applicable to the policy.
LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL	Premium	Enter amount: The premium for other general liability coverage.

Form Page 3

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).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Bldg #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES	Blanket Rate	Enter Y for a "Yes" response. Input N for "No" response. Indicates if a blanket rate is being requested.
PREMISES	Building Description	Enter text: This describes the particular sublocation in a manner sufficient to distinguish it from other sublocations at a given location. An example might be "3 story blue structure on the left of the main building".
PREMISES	Check if Primary Premises	Check the box (if applicable): Indicates if the location / building is the primary premises.
PREMISES	Description of all occupancies at this premises	Enter text: The description of the building's occupancy.
PREMISES	Right Exposure	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the right of the insured premises.

PREMISES	Distance	Enter number: The distance to the adjacent exposure on the right of the insured premises in linear feet.
PREMISES	Left Exposure	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the left of the insured premises.
PREMISES	Distance	Enter number: The distance to the adjacent exposure on the left of the insured premises in linear feet.
PREMISES	Front Exposure	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the front of the insured premises.
PREMISES	Distance	Enter number: The distance to the adjacent exposure in the front of the insured premises in linear feet.
PREMISES	Rear Exposure	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the rear of the insured premises.
PREMISES	Distance	Enter number: The distance to the adjacent exposure in the rear of the insured premises in linear feet.
PREMISES	Annual Sales Receipts	Enter amount: The total annual gross sales or receipts.
PREMISES	Total Payroll	Enter amount: The total annual payroll of the business in whole dollars.
PREMISES	Class Code	Enter code: The industry code that identifies the exposure. This code is derived from Insurance Services Office or a company code list.
PREMISES	Rate#	Enter number: The rate number for the exposure defined by the insurer.
PREMISES	Rate Group	Enter code: The rate group for the exposure defined by the insurer.
PREMISES	Prot. Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PREMISES	Rate Territory	Enter code: Enter the Insurance Services Office (ISO) or company rating territory for this location.
PREMISES	Distance to Hydrant Ft.	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
PREMISES	Distance to Fire Station Mi.	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
PREMISES	Fire District - Name	Enter text: The property's fire district name.
PREMISES	Fire District Code Number	Enter code: The property's fire district code number which can be found in the individual states manual pages.

PROPERTY	BLDG - Bikt #	Enter number: The identifying number for the blanket under which this subject of insurance is rated. Leave blank if the subject of insurance is not included under a blanket. As used here, this information is for the building.
PROPERTY	Building Limit	Enter limit: The limit amount for building coverage.
PROPERTY	% Coins	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage. As used here, this information is for the building.
PROPERTY	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value As used here, this information is for the building.
PROPERTY	INFL%	Enter percentage: The inflation guard percentage gives an automatic increase in the amount of coverage based on a percentage over time. List both the percentage amount and the period of time during which it applies (e.g., 4% per year). As used here, this information is for the building.
PROPERTY	Deductible Type	Enter code: The code indicating the type of deductible that is to apply to this subject of insurance. Examples are percent, dollars and number of days. "Number of days" is used to describe the waiting period (deductible) for business income. As used here, this information is for the building.
PROPERTY	Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this information is for the building.
PROPERTY	Deductible Type	Enter code: The code indicating the type of deductible that is to apply to this subject of insurance. Examples are percent, dollars and number of days. "Number of days" is used to describe the waiting period (deductible) for business income. As used here, this information is for the building.
PROPERTY	Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this information is for the building.
PROPERTY	Bldg - Code	Enter code: The coverage code that is to apply to this subject of insurance. As used here, this information is for the building.
PROPERTY	Bldg - Premium	Enter amount: The total premium amount for the building coverages.

PROPERTY	PROP PERS - Blkt #	Enter identifier: The blanket number assigned to the personal property. Leave blank if the subject of insurance is not included under a blanket.
PROPERTY	Personal Property Limit	Enter limit: The limit amount for personal property coverage.
PROPERTY	% Coins	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage. As used here, this information is for personal property.
PROPERTY	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value As used here, this information is for personal property.
PROPERTY	INFL%	Enter percentage: The inflation guard percentage gives an automatic increase in the amount of coverage based on a percentage over time. List both the percentage amount and the period of time during which it applies (e.g., 4% per year). As used here, this information is for personal property.
PROPERTY	Deductible Type	Enter code: The code indicating the type of deductible that is to apply to this subject of insurance. Examples are percent, dollars and number of days. "Number of days" is used to describe the waiting period (deductible) for business income. As used here, this information is for personal property.
PROPERTY	Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this information is for personal property.
PROPERTY	Deductible Type	Enter code: The code indicating the type of deductible that is to apply to this subject of insurance. Examples are percent, dollars and number of days. "Number of days" is used to describe the waiting period (deductible) for business income. As used here, this information is for personal property.
PROPERTY	Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this information is for personal property.
PROPERTY	Prop Pers - Code	Enter code: The coverage code that is to apply to this subject of insurance. As used here, this information is for personal property.
PROPERTY	Prop Pers - Premium	Enter amount: The total premium amount for personal property coverages.

PROPERTY	Year Built	Enter year: The year the building at each location was originally constructed. Specify in the Remarks section any significant additions or renovations and the year they were completed.
PROPERTY	Construction Type	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
PROPERTY	# Stories	Enter number: The number of stories or floors for this building not including any basement.
PROPERTY	% Sprink	Enter percentage: The percentage of the structure area covered by the sprinkler system.
PROPERTY	Basement Present? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a basement in the structure.
PROPERTY	Is it finished? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the basement is finished.
PROPERTY	Wind Class - Resistive	Check the box (if applicable): Indicates the wind class is resistive.
PROPERTY	Wind Class - Semi-Resistive	Check the box (if applicable): Indicates the wind class is semi-resistive.
PROPERTY	Wind Class - Other	Check the box (if applicable): Indicates the wind class is other than those listed.
PROPERTY	Wind Class - Other Description	Enter text: The description of the other wind class.
PROPERTY	Building Improvements - Wiring Year	Enter year: The year the wiring improvements took place.
PROPERTY	Building Improvements - Roofing Year	Enter year: The year the roofing improvements took place.
PROPERTY	Building Improvements - Plumbing Year	Enter year: The year the plumbing improvements took place.
PROPERTY	Building Improvements - Heating Year	Enter year: The year the heating improvements took place.
PROPERTY	Roof Type	Enter code: The material used to construct the roof. Examples include: * Composition (fiberglass, asphalt, etc.) * Metal * Poured * Slate * Tile * Wood Shake (Please note this list is not all inclusive)

PROPERTY	Bldg. Code Grade	Enter code: The industry code used to collect the building code effectiveness grade code. The source of this code list is public protection classification or individual insurer rating manuals.
PROPERTY	Bldg. Code Grade - Inspected (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the structure has been inspected specific to its Building Code effectiveness grade.
PROPERTY	Bldg. Code Grade - Community	Check the box (if applicable): Indicates the building code effectiveness grade was established for the community.
PROPERTY	Bldg. Code Grade - Specific Property	Check the box (if applicable): Indicates the building code effectiveness grade was established for this specific property.
PROPERTY	Tax Code	Enter code: The code which normally represents the location for which a surcharge is being applied (city, county or state).
PROPERTY COVERAGES	Accounts Receivable - Pol Level	Check the box (if applicable): Indicates accounts receivable coverage applies to the policy.
PROPERTY COVERAGES	Accounts Receivable - Prem Level	Check the box (if applicable): Indicates accounts receivable coverage applies to a specific premises.
PROPERTY COVERAGES	Accounts Receivable - Total Amount	Enter limit: The total limit amount for accounts receivable coverage.
PROPERTY COVERAGES	Accounts Receivable - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here this information is for accounts receivable coverage.</p>
PROPERTY COVERAGES	Accounts Receivable - Deductible	Enter deductible: The deductible amount for accounts receivable coverage.
PROPERTY COVERAGES	Accounts Receivable - Included	Check the box (if applicable): Indicates accounts receivable coverage is included in the policy.
PROPERTY COVERAGES	Accounts Receivable - Form Number	Enter identifier: The form number used by the company for accounts receivable coverage.
PROPERTY COVERAGES	Accounts Receivable - Form Date	Enter date: The edition date of the form used by the company for accounts receivable coverage.

PROPERTY COVERAGES	Accounts Receivable - Premium	Enter amount: The premium amount for accounts receivable coverage.
PROPERTY COVERAGES	Animal Coverage - Pol Level	Check the box (if applicable): Indicates animal coverage applies to the policy.
PROPERTY COVERAGES	Animal Coverage - Prem Level	Check the box (if applicable): Indicates animal coverage applies to a specific premises.
PROPERTY COVERAGES	Animal Coverage - Total Amount	Enter limit: The total limit amount for animal coverage.
PROPERTY COVERAGES	Animal Coverage - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for animal coverage.</p>
PROPERTY COVERAGES	Animal Coverage - Deductible	Enter deductible: The deductible amount for animal coverage.
PROPERTY COVERAGES	Animal Coverage - Included	Check the box (if applicable): Indicates animal coverage is included in the policy.
PROPERTY COVERAGES	Animal Coverage - Form Number	Enter identifier: The form number used by the company for animal coverage.
PROPERTY COVERAGES	Animal Coverage - Form Date	Enter date: The edition date of the form used by the company for animal coverage.
PROPERTY COVERAGES	Animal Coverage - Premium	Enter amount: The premium amount for animal coverage.
PROPERTY COVERAGES	Bailees Liability - Pol Level	Check the box (if applicable): Indicates bailees coverage applies to the policy.
PROPERTY COVERAGES	Bailees Liability - Prem Level	Check the box (if applicable): Indicates bailees coverage applies to a specific premises.
PROPERTY COVERAGES	Bailees Liability - Total Amount	Enter limit: The total limit amount for bailees coverage.

PROPERTY COVERAGES	Bailees Liability - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for Bailees liability coverage.</p>
PROPERTY COVERAGES	Bailees Liability - Deductible	Enter deductible: The deductible amount for bailees coverage.
PROPERTY COVERAGES	Bailees Liability - Included	Check the box (if applicable): Indicates bailees coverage is included in the policy.
PROPERTY COVERAGES	Bailees Liability - Form Number	Enter identifier: The form number used by the company for bailees liability coverage.
PROPERTY COVERAGES	Bailees Liability - Form Date	Enter date: The edition date of the form used by the company for bailees liability coverage.
PROPERTY COVERAGES	Bailees Liability - Premium	Enter amount: The premium amount for bailees coverage.
PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Pol Level	Check the box (if applicable): Indicates builders risk - theft of building materials coverage applies to the policy.
PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Prem Level	Check the box (if applicable): Indicates builders risk - theft of building materials coverage applies to a specific premises.
PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Total Amount	Enter limit: The total limit amount for builders risk - theft of building materials coverage.
PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for builders risk theft of building materials coverage.</p>
PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Deductible	Enter deductible: The deductible amount for builders risk - theft of building materials coverage.
PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Included	Check the box (if applicable): Indicates builders risk - theft of building materials coverage is included in the policy.

PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Form Number	Enter identifier: The form number used by the company for builders risk - theft of building materials coverage.
PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Form Date	Enter date: The edition date of the form used by the company for builders risk - theft of building materials coverage.
PROPERTY COVERAGES	Builders Risk - Theft of Bldg Materials - Premium	Enter amount: The premium amount for builders risk - theft of building materials coverage.
PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Pol Level	Check the box (if applicable): Indicates builders risk - collapse due to hydro-static pressure coverage applies to the policy.
PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Prem Level	Check the box (if applicable): Indicates builders risk - collapse due to hydro-static pressure coverage applies to a specific premises.
PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Total Amount	Enter limit: The total limit amount for builders risk - collapse due to hydro-static pressure coverage.
PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for builders risk collapse due to hydro-static pressure coverage.</p>
PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Deductible	Enter deductible: The deductible amount for builders risk - collapse due to hydro-static pressure coverage.
PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Included	Check the box (if applicable): Indicates builders risk - collapse due to hydro-static pressure coverage is included in the policy.
PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Form Number	Enter identifier: The form number used by the company for builders risk - collapse due to hydro-static pressure coverage.

PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Form Date	Enter date: The edition date of the form used by the company for builders risk - collapse due to hydro-static pressure coverage.
PROPERTY COVERAGES	Builders Risk - Collapse Due to Hydro-Static Pressure - Premium	Enter amount: The premium amount for builders risk - collapse due to hydro-static pressure coverage.
PROPERTY COVERAGES	Business Income without Extra Expense - Pol Level	Check the box (if applicable): Indicates business income coverage applies to the policy.
PROPERTY COVERAGES	Business Income without Extra Expense - Prem Level	Check the box (if applicable): Indicates business income coverage applies to a specific premises.
PROPERTY COVERAGES	Business Income without Extra Expense - Actual Loss Sustained	Check the box (if applicable): Indicates the coverage is on an actual loss sustained basis.
PROPERTY COVERAGES	Business Income without Extra Expense - Actual Loss Sustained No. of Months	Enter number: The number of months of coverage.
PROPERTY COVERAGES	Business Income without Extra Expense - Business Income Changes - Time Period	Check the box (if applicable): Indicates business income changes - time period applies.
PROPERTY COVERAGES	Business Income without Extra Expense - Total Amount	Enter limit: The total limit amount for business income coverage.
PROPERTY COVERAGES	Business Income without Extra Expense - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value As used here, this information is for business income without extra expense coverage.
PROPERTY COVERAGES	Business Income without Extra Expense - Deductible	Enter deductible: The deductible amount for business income coverage.
PROPERTY COVERAGES	Business Income without Extra Expense - Included	Check the box (if applicable): Indicates business income coverage is included in the policy.

PROPERTY COVERAGES	Business Income without Extra Expense - Form Number	Enter identifier: The form number used by the company for business income coverage.
PROPERTY COVERAGES	Business Income without Extra Expense - Form Date	Enter date: The edition date of the form used by the company for business income coverage.
PROPERTY COVERAGES	Business Income without Extra Expense - Premium	Enter amount: The premium amount for business income coverage.
PROPERTY COVERAGES	Business Income From Dependent Properties - Pol Level	Check the box (if applicable): Indicates business income from dependent properties coverage applies to the policy.
PROPERTY COVERAGES	Business Income From Dependent Properties - Prem Level	Check the box (if applicable): Indicates business income from dependent properties coverage applies to a specific premises.
PROPERTY COVERAGES	Business Income From Dependent Properties - Total Amount	Enter limit: The total limit amount for business income from dependent properties coverage.
PROPERTY COVERAGES	Business Income From Dependent Properties - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for business income from dependent properties coverage.</p>
PROPERTY COVERAGES	Business Income From Dependent Properties - Deductible	Enter deductible: The deductible amount for business income from dependent properties coverage.
PROPERTY COVERAGES	Business Income From Dependent Properties - Included	Check the box (if applicable): Indicates business income from dependent properties coverage is included in the policy.
PROPERTY COVERAGES	Business Income From Dependent Properties - Form Number	Enter identifier: The form number used by the company for business income from dependent properties coverage.

PROPERTY COVERAGES	Business Income From Dependent Properties - Form Date	Enter date: The edition date of the form used by the company for business income from dependent properties coverage.
PROPERTY COVERAGES	Business Income From Dependent Properties - Premium	Enter amount: The premium amount for business income from dependent properties coverage.
PROPERTY COVERAGES	Business Income With Extra Expense - Pol Level	Check the box (if applicable): Indicates business income with extra expense coverage applies to the policy.
PROPERTY COVERAGES	Business Income With Extra Expense - Prem Level	Check the box (if applicable): Indicates business income with extra expense coverage applies to a specific premises.
PROPERTY COVERAGES	Business Income With Extra Expense - Total Amount	Enter limit: The total limit amount for business income with extra expense coverage.
PROPERTY COVERAGES	Business Income With Extra Expense - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for business income with extra expense coverage.</p>
PROPERTY COVERAGES	Business Income With Extra Expense - Deductible	Enter deductible: The deductible amount for business income with extra expense coverage.
PROPERTY COVERAGES	Business Income With Extra Expense - Included	Check the box (if applicable): Indicates business income with extra expense coverage is included in the policy.
PROPERTY COVERAGES	Business Income With Extra Expense - Form Number	Enter identifier: The form number used by the company for business income with extra expense coverage.
PROPERTY COVERAGES	Business Income With Extra Expense - Form Date	Enter date: The edition date of the form used by the company for business income with extra expense coverage.
PROPERTY COVERAGES	Business Income With Extra Expense - Premium	Enter amount: The premium amount for business income with extra expense coverage.
PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Pol Level	Check the box (if applicable): Indicates combined demolition cost and increased construction cost coverage applies to the policy.

PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Prem Level	Check the box (if applicable): Indicates combined demolition cost and increased construction cost coverage applies to a specific premises.
PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Total Amount	Enter limit: The total limit amount for combined demolition cost and increased construction cost coverage.
PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for combined demolition cost and increased construction cost coverage.</p>
PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Deductible	Enter deductible: The deductible amount for combined demolition cost and increased construction cost coverage.
PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Included	Check the box (if applicable): Indicates combined demolition cost and increased construction cost coverage is included in the policy.
PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Form Number	Enter identifier: The form number used by the company for combined demolition cost and increased construction cost coverage.
PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Form Date	Enter date: The edition date of the form used by the company for combined demolition cost and increased construction cost coverage.
PROPERTY COVERAGES	Combined Demolition Cost and Increased Construction Cost - Premium	Enter amount: The premium amount for combined demolition cost and increased construction cost coverage.
PROPERTY COVERAGES	Debris Removal - Pol Level	Check the box (if applicable): Indicates debris removal coverage applies to the policy.
PROPERTY COVERAGES	Debris Removal - Prem Level	Check the box (if applicable): Indicates debris removal coverage applies to a specific premises.
PROPERTY COVERAGES	Debris Removal - Total Amount	Enter limit: The total limit amount for debris removal coverage.

PROPERTY COVERAGES	Debris Removal - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for debris removal coverage.</p>
PROPERTY COVERAGES	Debris Removal - Deductible	Enter deductible: The deductible amount for debris removal coverage.
PROPERTY COVERAGES	Debris Removal - Included	Check the box (if applicable): Indicates debris removal coverage is included in the policy.
PROPERTY COVERAGES	Debris Removal - Form Number	Enter identifier: The form number used by the company for debris removal coverage.
PROPERTY COVERAGES	Debris Removal - Form Date	Enter date: The edition date of the form used by the company for debris removal coverage.
PROPERTY COVERAGES	Debris Removal - Premium	Enter amount: The premium amount for debris removal coverage.
PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Pol Level	Check the box (if applicable): Indicates condo unit owners - owners loss assessment coverage applies to the policy.
PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Prem Level	Check the box (if applicable): Indicates condo unit owners - owners loss assessment coverage applies to a specific premises.
PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Total Amount	Enter limit: The total limit amount for condo unit owners - owners loss assessment coverage.
PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for condo unit owner's loss assessment coverage.</p>
PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Deductible	Enter deductible: The deductible amount for condo unit owners - owners loss assessment coverage.
PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Included	Check the box (if applicable): Indicates condo unit owners - owners loss assessment coverage is included in the policy.

PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Form Number	Enter identifier: The form number used by the company for condo unit owners - owners loss assessment coverage.
PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Form Date	Enter date: The edition date of the form used by the company for condo unit owners - owners loss assessment coverage.
PROPERTY COVERAGES	Condo Unit - Owners Loss Assessment - Premium	Enter amount: The premium amount for condo unit owners - owners loss assessment coverage.
PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Pol Level	Check the box (if applicable): Indicates condo unit owners - owners miscellaneous real property coverage applies to the policy.
PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Prem Level	Check the box (if applicable): Indicates condo unit owners - owners miscellaneous real property coverage applies to a specific premises.
PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Total Amount	Enter limit: The total limit amount for condo unit owners - owners miscellaneous real property coverage.
PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for condo unit owner's miscellaneous real property coverage.</p>
PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Deductible	Enter deductible: The deductible amount for condo unit owners - owners miscellaneous real property coverage.
PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Included	Check the box (if applicable): Indicates condo unit owners - owners miscellaneous real property coverage is included in the policy.
PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Form Number	Enter identifier: The form number used by the company for condo unit owners - owners miscellaneous real property coverage.
PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Form Date	Enter date: The edition date of the form used by the company for condo unit owners - owners miscellaneous real property coverage.

PROPERTY COVERAGES	Condo Unit - Owners Miscellaneous Real Property - Premium	Enter amount: The premium amount for condo unit owners - owners miscellaneous real property coverage.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Pol Level	Check the box (if applicable): Indicates employee dishonesty coverage applies to the policy.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Prem Level	Check the box (if applicable): Indicates employee dishonesty coverage applies to a specific premises.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Total Amount	Enter limit: The total limit amount for employee dishonesty coverage.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value As used here, this information is for employee dishonesty coverage.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Deductible	Enter deductible: The deductible amount for employee dishonesty coverage.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Included	Check the box (if applicable): Indicates employee dishonesty coverage is included in the policy.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Form Number	Enter identifier: The form number used by the company for crime - employee dishonesty coverage.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Form Date	Enter date: The edition date of the form used by the company for crime - employee dishonesty coverage.
PROPERTY COVERAGES	Crime - Employee Dishonesty - Premium	Enter amount: The premium amount for employee dishonesty coverage.
PROPERTY COVERAGES	Crime - Forgery or Alteration - Pol Level	Check the box (if applicable): Indicates crime - forgery or alteration coverage applies to the policy.
PROPERTY COVERAGES	Crime - Forgery or Alteration - Prem Level	Check the box (if applicable): Indicates crime - forgery or alteration coverage applies to a specific premises.
PROPERTY COVERAGES	Crime - Forgery or Alteration - Total Amount	Enter limit: The total limit amount for crime - forgery or alteration coverage.

PROPERTY COVERAGES	Crime - Forgery or Alteration - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for crime - forgery or alteration coverage.</p>
PROPERTY COVERAGES	Crime - Forgery or Alteration - Deductible	Enter deductible: The deductible amount for crime - forgery or alteration coverage.
PROPERTY COVERAGES	Crime - Forgery or Alteration - Included	Check the box (if applicable): Indicates crime - forgery or alteration coverage is included in the policy.
PROPERTY COVERAGES	Crime - Forgery or Alteration - Form Number	Enter identifier: The form number used by the company for crime - forgery or alteration coverage.
PROPERTY COVERAGES	Crime - Forgery or Alteration - Form Date	Enter date: The edition date of the form used by the company for crime - forgery or alteration coverage.
PROPERTY COVERAGES	Crime - Forgery or Alteration - Premium	Enter amount: The premium amount for crime - forgery or alteration coverage.
PROPERTY COVERAGES	Crime - Money & Securities Inside - Pol Level	Check the box (if applicable): Indicates crime - money & securities inside coverage applies to the policy.
PROPERTY COVERAGES	Crime - Money & Securities Inside - Prem Level	Check the box (if applicable): Indicates crime - money & securities inside coverage applies to a specific premises.
PROPERTY COVERAGES	Crime - Money & Securities Inside - Total Amount	Enter limit: The total limit amount for crime - money & securities inside coverage.
PROPERTY COVERAGES	Crime - Money & Securities Inside - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for crime - money & securities inside coverage.</p>

PROPERTY COVERAGES	Crime - Money & Securities Inside - Deductible	Enter deductible: The deductible amount for crime - money & securities inside coverage.
PROPERTY COVERAGES	Crime - Money & Securities Inside - Included	Check the box (if applicable): Indicates crime - money & securities inside coverage is included in the policy.
PROPERTY COVERAGES	Crime - Money & Securities Inside - Form Number	Enter identifier: The form number used by the company for crime - money & securities inside coverage.
PROPERTY COVERAGES	Crime - Money & Securities Inside - Form Date	Enter date: The edition date of the form used by the company for crime - money & securities inside coverage.
PROPERTY COVERAGES	Crime - Money & Securities Inside - Premium	Enter amount: The premium amount for crime - money & securities inside coverage.
PROPERTY COVERAGES	Crime - Money & Securities Outside - Pol Level	Check the box (if applicable): Indicates crime - money & securities outside coverage applies to the policy.
PROPERTY COVERAGES	Crime - Money & Securities Outside - Prem Level	Check the box (if applicable): Indicates crime - money & securities outside coverage applies to a specific premises.
PROPERTY COVERAGES	Crime - Money & Securities Outside - Total Amount	Enter limit: The total limit amount for crime - money & securities outside coverage.
PROPERTY COVERAGES	Crime - Money & Securities Outside - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for crime - money & securities outside coverage.</p>
PROPERTY COVERAGES	Crime - Money & Securities Outside - Deductible	Enter deductible: The deductible amount for crime - money & securities outside coverage.
PROPERTY COVERAGES	Crime - Money & Securities Outside - Included	Check the box (if applicable): Indicates crime - money & securities outside coverage is included in the policy.
PROPERTY COVERAGES	Crime - Money & Securities Outside - Form Number	Enter identifier: The form number used by the company for crime - money & securities outside coverage.
PROPERTY COVERAGES	Crime - Money & Securities Outside - Form Date	Enter date: The edition date of the form used by the company for crime - money & securities outside coverage.

PROPERTY COVERAGES	Crime - Money & Securities Outside - Premium	Enter amount: The premium amount for crime - money & securities outside coverage.
PROPERTY COVERAGES	Crime - Welfare & Pension Plan (ERISA) - Pol Level	Check the box (if applicable): Indicates crime - welfare & pension plan (ERISA) coverage applies to the policy.
PROPERTY COVERAGES	Crime - Welfare & Pension Plan (ERISA) - Prem Level	Check the box (if applicable): Indicates crime - welfare & pension plan (ERISA) coverage applies to a specific premises.
PROPERTY COVERAGES	Crime - Welfare & Pension Plan (ERISA) - Total Amount	Enter limit: The total limit amount for crime - welfare & pension plan (ERISA) coverage.
PROPERTY COVERAGES	Crime - Welfare & Pension Plan (ERISA) - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for crime - welfare and pension plan (ERISA) coverage.</p>
PROPERTY COVERAGES	Crime - Welfare & Pension Plan (ERISA) - Included	Check the box (if applicable): Indicates crime - welfare & pension plan (ERISA) coverage is included in the policy.
PROPERTY COVERAGES	Crime - Welfare & Pension Plan (ERISA) - Form Number	Enter identifier: The form number used by the company for crime - welfare & pension plan (ERISA) coverage.
PROPERTY COVERAGES	Crime - Welfare & Pension Plan (ERISA) - Form Date	Enter date: The edition date of the form used by the company for crime - welfare & pension plan (ERISA) coverage.
PROPERTY COVERAGES	Crime - Welfare & Pension Plan (ERISA) - Premium	Enter amount: The premium amount for crime - welfare & pension plan (ERISA) coverage.
PROPERTY COVERAGES	Earthquake - Pol Level	Check the box (if applicable): Indicates earthquake coverage applies to the policy.
PROPERTY COVERAGES	Earthquake - Prem Level	Check the box (if applicable): Indicates earthquake coverage applies to a specific premises.
PROPERTY COVERAGES	Earthquake - Territory	Enter code: The earthquake zone (territory) associated with the coverage.
PROPERTY COVERAGES	Earthquake - Retrofit Type	Enter text: The type of earthquake retrofit for the building.
PROPERTY COVERAGES	Earthquake - Masonry Veneer %	Enter percentage: The percentage of construction that is masonry veneer.

PROPERTY COVERAGES	Earthquake - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for earthquake coverage.</p>
PROPERTY COVERAGES	Earthquake - Deductible Amount	Enter deductible: The deductible amount for earthquake coverage.
PROPERTY COVERAGES	Earthquake - Deductible %	Enter percentage: The percentage deductible for earthquake coverage.
PROPERTY COVERAGES	Earthquake - Included	Check the box (if applicable): Indicates earthquake coverage is included in the policy.
PROPERTY COVERAGES	Earthquake - Form Number	Enter identifier: The form number used by the company for earthquake coverage.
PROPERTY COVERAGES	Earthquake - Form Date	Enter date: The edition date of the form used by the company for earthquake coverage.
PROPERTY COVERAGES	Earthquake - Premium	Enter amount: The premium amount for earthquake coverage.
PROPERTY COVERAGES	EDP - Equipment - Pol Level	Check the box (if applicable): Indicates EDP equipment coverage applies to the policy.
PROPERTY COVERAGES	EDP - Equipment - Prem Level	Check the box (if applicable): Indicates EDP equipment coverage applies to a specific premises.
PROPERTY COVERAGES	EDP - Equipment - Total Amount	Enter limit: The total limit amount for EDP equipment coverage.
PROPERTY COVERAGES	EDP - Equipment - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for EDP Equipment coverage.</p>
PROPERTY COVERAGES	EDP - Equipment - Deductible	Enter deductible: The deductible amount for EDP equipment coverage.
PROPERTY COVERAGES	EDP - Equipment - Included	Check the box (if applicable): Indicates EDP equipment coverage is included in the policy.

PROPERTY COVERAGES	EDP - Equipment - Form Number	Enter identifier: The form number used by the company for EDP equipment coverage.
PROPERTY COVERAGES	EDP - Equipment - Form Date	Enter date: The edition date of the form used by the company for EDP equipment coverage.
PROPERTY COVERAGES	EDP - Equipment - Premium	Enter amount: The premium amount for EDP equipment coverage.
PROPERTY COVERAGES	EDP - Extra Expense - Pol Level	Check the box (if applicable): Indicates EDP extra expense coverage applies to the policy.
PROPERTY COVERAGES	EDP - Extra Expense - Prem Level	Check the box (if applicable): Indicates EDP extra expense coverage applies to a specific premises.
PROPERTY COVERAGES	EDP - Extra Expense - Total Amount	Enter limit: The total limit amount for EDP extra expense coverage.
PROPERTY COVERAGES	EDP - Extra Expense - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for EDP extra expense coverage.</p>
PROPERTY COVERAGES	EDP - Extra Expense - Deductible	Enter deductible: The deductible amount for EDP extra expense coverage.
PROPERTY COVERAGES	EDP - Extra Expense - Included	Check the box (if applicable): Indicates EDP extra expense coverage is included in the policy.
PROPERTY COVERAGES	EDP - Extra Expense - Form Number	Enter identifier: The form number used by the company for EDP extra expense coverage.
PROPERTY COVERAGES	EDP - Extra Expense - Form Date	Enter date: The edition date of the form used by the company for EDP extra expense coverage.
PROPERTY COVERAGES	EDP - Extra Expense - Premium	Enter amount: The premium amount for EDP extra expense coverage.
PROPERTY COVERAGES	EDP - Data / Media - Pol Level	Check the box (if applicable): Indicates EDP data / media coverage applies to the policy.
PROPERTY COVERAGES	EDP - Data / Media - Prem Level	Check the box (if applicable): Indicates EDP data / media coverage applies to a specific premises.

PROPERTY COVERAGES	EDP - Data / Media - Total Amount	Enter limit: The total limit amount for EDP data / media coverage.
PROPERTY COVERAGES	EDP - Data / Media - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value As used here, this information is for EDP data / media coverage.
PROPERTY COVERAGES	EDP - Data / Media - Deductible	Enter deductible: The deductible amount for EDP data / media coverage.
PROPERTY COVERAGES	EDP - Data / Media - Included	Check the box (if applicable): Indicates EDP data / media coverage is included in the policy.
PROPERTY COVERAGES	EDP - Data / Media - Form Number	Enter identifier: The form number used by the company for EDP data / media coverage.
PROPERTY COVERAGES	EDP - Data / Media - Form Date	Enter date: The edition date of the form used by the company for EDP data / media coverage.
PROPERTY COVERAGES	EDP - Data / Media - Premium	Enter amount: The premium amount for EDP data / media coverage.
PROPERTY COVERAGES	Equipment Breakdown - Basic - Pol Level	Check the box (if applicable): Indicates basic equipment breakdown coverage applies to the policy.
PROPERTY COVERAGES	Equipment Breakdown - Basic - Prem Level	Check the box (if applicable): Indicates basic equipment breakdown coverage applies to a specific premises.
PROPERTY COVERAGES	Equipment Breakdown - Basic - Total Amount	Enter limit: The total limit amount for basic equipment breakdown coverage.

PROPERTY COVERAGES	Equipment Breakdown - Basic - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for equipment breakdown basic coverage.</p>
PROPERTY COVERAGES	Equipment Breakdown - Basic - Deductible	Enter deductible: The deductible amount for basic equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Basic - Included	Check the box (if applicable): Indicates basic equipment breakdown coverage is included in the policy.
PROPERTY COVERAGES	Equipment Breakdown - Basic - Form Number	Enter identifier: The form number used by the company for basic equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Basic - Form Date	Enter date: The edition date of the form used by the company for basic equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Basic - Premium	Enter amount: The premium amount for basic equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Broad - Pol Level	Check the box (if applicable): Indicates broad equipment breakdown coverage applies to the policy.
PROPERTY COVERAGES	Equipment Breakdown - Broad - Prem Level	Check the box (if applicable): Indicates broad equipment breakdown coverage applies to a specific premises.
PROPERTY COVERAGES	Equipment Breakdown - Broad - Total Amount	Enter limit: The total limit amount for broad equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Broad - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for equipment breakdown broad coverage.</p>

PROPERTY COVERAGES	Equipment Breakdown - Broad - Deductible	Enter deductible: The deductible amount for broad equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Broad - Included	Check the box (if applicable): Indicates broad equipment breakdown coverage is included in the policy.
PROPERTY COVERAGES	Equipment Breakdown - Broad - Form Number	Enter identifier: The form number used by the company for broad equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Broad - Form Date	Enter date: The edition date of the form used by the company for broad equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Broad - Premium	Enter amount: The premium amount for broad equipment breakdown coverage.
PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Pol Level	Check the box (if applicable): Indicates equipment breakdown - spoilage coverage applies to the policy.
PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Prem Level	Check the box (if applicable): Indicates equipment breakdown - spoilage coverage applies to a specific premises.
PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Total Amount	Enter limit: The total limit amount for equipment breakdown - spoilage coverage.
PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for equipment breakdown spoilage coverage.</p>
PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Deductible	Enter deductible: The deductible amount for equipment breakdown - spoilage coverage.
PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Included	Check the box (if applicable): Indicates equipment breakdown - spoilage coverage is included in the policy.
PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Form Number	Enter identifier: The form number used by the company for equipment breakdown - spoilage coverage.
PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Form Date	Enter date: The edition date of the form used by the company for equipment breakdown - spoilage coverage.

PROPERTY COVERAGES	Equipment Breakdown - Spoilage - Premium	Enter amount: The premium amount for equipment breakdown - spoilage coverage.
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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).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Bldg #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PROPERTY COVERAGES	Extra Expense - Pol Level	Check the box (if applicable): Indicates extra expense coverage applies to the policy.
PROPERTY COVERAGES	Extra Expense - Prem Level	Check the box (if applicable): Indicates extra expense coverage applies to a specific premises.
PROPERTY COVERAGES	Extra Expense - Actual Loss Sustained	Check the box (if applicable): Indicates the coverage is on an actual loss sustained basis.
PROPERTY COVERAGES	Extra Expense - Actual Loss Sustained No. of Months	Enter number: The number of months of coverage.
PROPERTY COVERAGES	Extra Expense - Total Amount	Enter limit: The total limit amount for extra expense coverage.
PROPERTY COVERAGES	Extra Expense - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for extra expense coverage.</p>
PROPERTY COVERAGES	Extra Expense - Deductible	Enter deductible: The deductible amount for extra expense coverage.
PROPERTY COVERAGES	Extra Expense - Included	Check the box (if applicable): Indicates extra expense coverage is included in the policy.
PROPERTY COVERAGES	Extra Expense - Form Number	Enter identifier: The form number used by the company for extra expense coverage.
PROPERTY COVERAGES	Extra Expense - Form Date	Enter date: The edition date of the form used by the company for extra expense coverage.

PROPERTY COVERAGES	Extra Expense - Premium	Enter amount: The premium amount for extra expense coverage.
PROPERTY COVERAGES	Fine Arts - Pol Level	Check the box (if applicable): Indicates fine arts coverage applies to the policy.
PROPERTY COVERAGES	Fine Arts - Prem Level	Check the box (if applicable): Indicates fine arts coverage applies to a specific premises.
PROPERTY COVERAGES	Fine Arts - Total Amount	Enter limit: The total limit amount for fine arts coverage.
PROPERTY COVERAGES	Fine Arts - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for fine arts coverage.</p>
PROPERTY COVERAGES	Fine Arts - Deductible	Enter deductible: The deductible amount for fine arts coverage.
PROPERTY COVERAGES	Fine Arts - Included	Check the box (if applicable): Indicates fine arts coverage is included in the policy.
PROPERTY COVERAGES	Fine Arts - Form Number	Enter identifier: The form number used by the company for fine arts coverage.
PROPERTY COVERAGES	Fine Arts - Form Date	Enter date: The edition date of the form used by the company for fine arts coverage.
PROPERTY COVERAGES	Fine Arts - Premium	Enter amount: The premium amount for fine arts coverage.
PROPERTY COVERAGES	Floater - Contractor's Equipment - Pol Level	Check the box (if applicable): Indicates contractor's equipment floater coverage applies to the policy.
PROPERTY COVERAGES	Floater - Contractor's Equipment - Prem Level	Check the box (if applicable): Indicates contractor's equipment floater coverage applies to a specific premises.
PROPERTY COVERAGES	Floater - Contractor's Equipment - Total Amount	Enter limit: The total limit amount for contractor's equipment floater coverage.

PROPERTY COVERAGES	Floater - Contractor's Equipment - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for contractor's equipment floater coverage.</p>
PROPERTY COVERAGES	Floater - Contractor's Equipment - Deductible	Enter deductible: The deductible amount for contractor's equipment floater coverage.
PROPERTY COVERAGES	Floater - Contractor's Equipment - Included	Check the box (if applicable): Indicates contractor's equipment floater coverage is included in the policy.
PROPERTY COVERAGES	Floater - Contractor's Equipment - Form Number	Enter identifier: The form number used by the company for contractor's equipment floater coverage.
PROPERTY COVERAGES	Floater - Contractor's Equipment - Form Date	Enter date: The edition date of the form used by the company for contractor's equipment floater coverage.
PROPERTY COVERAGES	Floater - Contractor's Equipment - Premium	Enter amount: The premium amount for contractor's equipment floater coverage.
PROPERTY COVERAGES	Floater - Installation - Pol Level	Check the box (if applicable): Indicates installation floater coverage applies to the policy.
PROPERTY COVERAGES	Floater - Installation - Prem Level	Check the box (if applicable): Indicates installation floater coverage applies to a specific premises.
PROPERTY COVERAGES	Floater - Installation - Total Amount	Enter limit: The total limit amount for installation floater coverage.
PROPERTY COVERAGES	Floater - Installation - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for installation floater coverage.</p>

PROPERTY COVERAGES	Floater - Installation - Deductible	Enter deductible: The deductible amount for installation floater coverage.
PROPERTY COVERAGES	Floater - Installation - Included	Check the box (if applicable): Indicates installation floater coverage is included in the policy.
PROPERTY COVERAGES	Floater - Installation - Form Number	Enter identifier: The form number used by the company for installation floater coverage.
PROPERTY COVERAGES	Floater - Installation - Form Date	Enter date: The edition date of the form used by the company for installation floater coverage.
PROPERTY COVERAGES	Floater - Installation - Premium	Enter amount: The premium amount for installation floater coverage.
PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Pol Level	Check the box (if applicable): Indicates leased / rented equipment floater coverage applies to the policy.
PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Prem Level	Check the box (if applicable): Indicates leased / rented equipment floater coverage applies to a specific premises.
PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Total Amount	Enter limit: The total limit amount for leased / rented equipment floater coverage.
PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for leased / rented equipment floater coverage.</p>
PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Deductible	Enter deductible: The deductible amount for leased / rented equipment floater coverage.
PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Included	Check the box (if applicable): Indicates leased / rented equipment floater coverage is included in the policy.
PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Form Number	Enter identifier: The form number used by the company for leased / rented equipment floater coverage.
PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Form Date	Enter date: The edition date of the form used by the company for leased / rented equipment floater coverage.

PROPERTY COVERAGES	Floater - Leased / Rented Equipment - Premium	Enter amount: The premium amount for leased / rented equipment floater coverage.
PROPERTY COVERAGES	Flood - Building - Pol Level	Check the box (if applicable): Indicates flood building coverage applies to the policy.
PROPERTY COVERAGES	Flood - Building - Prem Level	Check the box (if applicable): Indicates flood building coverage applies to a specific premises.
PROPERTY COVERAGES	Flood - Building - Total Amount	Enter limit: The total limit amount for flood building coverage.
PROPERTY COVERAGES	Flood - Building - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for flood building coverage.</p>
PROPERTY COVERAGES	Flood - Building - Deductible	Enter deductible: The deductible amount for flood building coverage.
PROPERTY COVERAGES	Flood - Building - Included	Check the box (if applicable): Indicates flood building coverage is included in the policy.
PROPERTY COVERAGES	Flood - Building - Form Number	Enter identifier: The form number used by the company for flood building coverage.
PROPERTY COVERAGES	Flood - Building - Form Date	Enter date: The edition date of the form used by the company for flood building coverage.
PROPERTY COVERAGES	Flood - Building - Premium	Enter amount: The premium amount for flood building coverage.
PROPERTY COVERAGES	Flood - Contents - Pol Level	Check the box (if applicable): Indicates flood contents coverage applies to the policy.
PROPERTY COVERAGES	Flood - Contents - Prem Level	Check the box (if applicable): Indicates flood contents coverage applies to a specific premises.
PROPERTY COVERAGES	Flood - Contents - Total Amount	Enter limit: The total limit amount for flood contents coverage.

PROPERTY COVERAGES	Flood - Contents - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for flood contents coverage.</p>
PROPERTY COVERAGES	Flood - Contents - Deductible	Enter deductible: The deductible amount for flood contents coverage.
PROPERTY COVERAGES	Flood - Contents - Included	Check the box (if applicable): Indicates flood contents coverage is included in the policy.
PROPERTY COVERAGES	Flood - Contents - Form Number	Enter identifier: The form number used by the company for flood contents coverage.
PROPERTY COVERAGES	Flood - Contents - Form Date	Enter date: The edition date of the form used by the company for flood contents coverage.
PROPERTY COVERAGES	Flood - Contents - Premium	Enter amount: The premium amount for flood contents coverage.
PROPERTY COVERAGES	Fungi / Bacteria / Mold - Pol Level	Check the box (if applicable): Indicates fungi / bacteria / mold coverage applies to the policy.
PROPERTY COVERAGES	Fungi / Bacteria / Mold - Prem Level	Check the box (if applicable): Indicates fungi / bacteria / mold coverage applies to a specific premises.
PROPERTY COVERAGES	Fungi / Bacteria / Mold - Total Amount	Enter limit: The total limit amount for fungi / bacteria / mold coverage.
PROPERTY COVERAGES	Fungi / Bacteria / Mold - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for fungi / bacteria / mold coverage.</p>
PROPERTY COVERAGES	Fungi / Bacteria / Mold - Deductible	Enter deductible: The deductible amount for fungi / bacteria / mold coverage.

PROPERTY COVERAGES	Fungi / Bacteria / Mold - Included	Check the box (if applicable): Indicates fungi / bacteria / mold coverage is included in the policy.
PROPERTY COVERAGES	Fungi / Bacteria / Mold - Form Number	Enter identifier: The form number used by the company for fungi / bacteria / mold coverage.
PROPERTY COVERAGES	Fungi / Bacteria / Mold - Form Date	Enter date: The edition date of the form used by the company for fungi / bacteria / mold coverage.
PROPERTY COVERAGES	Fungi / Bacteria / Mold - Premium	Enter amount: The premium amount for fungi / bacteria / mold coverage.
PROPERTY COVERAGES	Hail Exclusion - Prem Level	Check the box (if applicable): Indicates hail exclusion applies to a specific premises.
PROPERTY COVERAGES	Hail Exclusion - Included	Check the box (if applicable): Indicates that hail exclusion option is included.
PROPERTY COVERAGES	Hail Exclusion - Form Number	Enter number: The form number used by the company for hail exclusion.
PROPERTY COVERAGES	Hail Exclusion - Form Date	Enter date: The edition date of the form used by the company for hail exclusion.
PROPERTY COVERAGES	Hail Exclusion - Premium	Enter amount: The premium amount for hail exclusion.
PROPERTY COVERAGES	Mine Subsidence - Pol Level	Check the box (if applicable): Indicates mine subsidence coverage applies to the policy.
PROPERTY COVERAGES	Mine Subsidence - Prem Level	Check the box (if applicable): Indicates mine subsidence coverage applies to a specific premises.
PROPERTY COVERAGES	Mine Subsidence - Limit	Enter limit: The total limit amount for mine subsidence coverage.
PROPERTY COVERAGES	Mine Subsidence - Construction Material	Enter code: The type of construction material.
PROPERTY COVERAGES	Mine Subsidence - Property Description	Enter text: The description of the property.
PROPERTY COVERAGES	Mine Subsidence - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value As used here, this information is for mine subsidence coverage.
PROPERTY COVERAGES	Mine Subsidence - Deductible	Enter deductible: The deductible amount for mine subsidence coverage.

PROPERTY COVERAGES	Mine Subsidence - Included	Check the box (if applicable): Indicates mine subsidence coverage is included in the policy.
PROPERTY COVERAGES	Mine Subsidence - Form Number	Enter identifier: The form number used by the company for mine subsidence coverage.
PROPERTY COVERAGES	Mine Subsidence - Form Date	Enter date: The edition date of the form used by the company for mine subsidence coverage.
PROPERTY COVERAGES	Mine Subsidence - Premium	Enter amount: The premium amount for mine subsidence coverage.
PROPERTY COVERAGES	Newly Acquired Property - Building - Pol Level	Check the box (if applicable): Indicates newly acquired property - building coverage applies to the policy.
PROPERTY COVERAGES	Newly Acquired Property - Building - Prem Level	Check the box (if applicable): Indicates newly acquired property - building coverage applies to a specific premises.
PROPERTY COVERAGES	Newly Acquired Property - Building - Total Amount	Enter limit: The total limit amount for newly acquired property - building coverage.
PROPERTY COVERAGES	Newly Acquired Property - Building - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for newly acquired property building coverage.</p>
PROPERTY COVERAGES	Newly Acquired Property - Building - Deductible	Enter deductible: The deductible amount for newly acquired property - building coverage.
PROPERTY COVERAGES	Newly Acquired Property - Building - Included	Check the box (if applicable): Indicates newly acquired property - building coverage is included in the policy.
PROPERTY COVERAGES	Newly Acquired Property - Building - Form Number	Enter identifier: The form number used by the company for newly acquired property - building coverage.
PROPERTY COVERAGES	Newly Acquired Property - Building - Form Date	Enter date: The edition date of the form used by the company for newly acquired property - building coverage.
PROPERTY COVERAGES	Newly Acquired Property - Building - Premium	Enter amount: The premium amount for newly acquired property - building coverage.
PROPERTY COVERAGES	Newly Acquired Property - Personal - Pol Level	Check the box (if applicable): Indicates newly acquired property - personal coverage applies to the policy.

PROPERTY COVERAGES	Newly Acquired Property - Personal - Prem Level	Check the box (if applicable): Indicates newly acquired property - personal coverage applies to a specific premises.
PROPERTY COVERAGES	Newly Acquired Property - Personal - Total Amount	Enter limit: The total limit amount for newly acquired property - personal coverage.
PROPERTY COVERAGES	Newly Acquired Property - Personal - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for newly acquired property personal coverage.</p>
PROPERTY COVERAGES	Newly Acquired Property - Personal - Deductible	Enter deductible: The deductible amount for newly acquired property - personal coverage.
PROPERTY COVERAGES	Newly Acquired Property - Personal - Included	Check the box (if applicable): Indicates newly acquired property - personal coverage is included in the policy.
PROPERTY COVERAGES	Newly Acquired Property - Personal - Form Number	Enter identifier: The form number used by the company for newly acquired property - personal coverage.
PROPERTY COVERAGES	Newly Acquired Property - Personal - Form Date	Enter date: The edition date of the form used by the company for newly acquired property - personal coverage.
PROPERTY COVERAGES	Newly Acquired Property - Personal - Premium	Enter amount: The premium amount for newly acquired property - personal coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Pol Level	Check the box (if applicable): Indicates building ordinance or law coverage applies to the policy.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Prem Level	Check the box (if applicable): Indicates building ordinance or law coverage applies to a specific premises.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Aggregate	Enter limit: The aggregate limit amount for building ordinance or law coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Increased	Enter limit: The increased limit amount for building ordinance or law coverage.

PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - % Rebuild	Enter percentage: The rebuild percentage for building ordinance or law coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value As used here, this information is for building ordinance or law coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Deductible	Enter deductible: The deductible amount for building ordinance or law coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Included	Check the box (if applicable): Indicates building ordinance or law coverage is included in the policy.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Form Number	Enter identifier: The form number used by the company for building ordinance or law coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Form Date	Enter date: The edition date of the form used by the company for building ordinance or law coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Or Law - Premium	Enter amount: The premium amount for building ordinance or law coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Pol Level	Check the box (if applicable): Indicates building ordinance demolition cost coverage applies to the policy.
PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Prem Level	Check the box (if applicable): Indicates building ordinance demolition cost coverage applies to a specific premises.
PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Total Limit	Enter limit: The total limit amount for building ordinance demolition cost coverage.

PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for building ordinance demolition cost coverage.</p>
PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Deductible	Enter deductible: The deductible amount for building ordinance demolition cost coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Included	Check the box (if applicable): Indicates building ordinance demolition cost coverage is included in the policy.
PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Form Number	Enter identifier: The form number used by the company for building ordinance demolition cost coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Form Date	Enter date: The edition date of the form used by the company for building ordinance demolition cost coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Demolition Cost - Premium	Enter amount: The premium amount for building ordinance demolition cost coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Pol Level	Check the box (if applicable): Indicates building ordinance increased construction cost coverage applies to the policy.
PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Prem Level	Check the box (if applicable): Indicates building ordinance increased construction cost coverage applies to a specific premises.
PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Total Amount	Enter limit: The total limit amount for building ordinance increased construction cost coverage.

PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for building ordinance increased construction cost coverage.</p>
PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Deductible	Enter deductible: The deductible amount for building ordinance increased construction cost coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Included	Check the box (if applicable): Indicates building ordinance increased construction cost coverage is included in the policy.
PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Form Number	Enter identifier: The form number used by the company for building ordinance increased construction cost coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Form Date	Enter date: The edition date of the form used by the company for building ordinance increased construction cost coverage.
PROPERTY COVERAGES	Ordinance - Building Ordinance Increased Construction Cost - Premium	Enter amount: The premium amount for building ordinance increased construction cost coverage.
PROPERTY COVERAGES	Outdoor Property - Pol Level	Check the box (if applicable): Indicates outdoor property coverage applies to the policy.
PROPERTY COVERAGES	Outdoor Property - Prem Level	Check the box (if applicable): Indicates outdoor property coverage applies to a specific premises.
PROPERTY COVERAGES	Outdoor Property - Total Amount	Enter limit: The total limit amount for outdoor property coverage.

PROPERTY COVERAGES	Outdoor Property - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for outdoor property coverage.</p>
PROPERTY COVERAGES	Outdoor Property - Deductible	Enter deductible: The deductible amount for outdoor property coverage.
PROPERTY COVERAGES	Outdoor Property - Included	Check the box (if applicable): Indicates outdoor property coverage is included in the policy.
PROPERTY COVERAGES	Outdoor Property - Form Number	Enter identifier: The form number used by the company for outdoor property coverage.
PROPERTY COVERAGES	Outdoor Property - Form Date	Enter date: The edition date of the form used by the company for outdoor property coverage.
PROPERTY COVERAGES	Outdoor Property - Premium	Enter amount: The premium amount for outdoor property coverage.
PROPERTY COVERAGES	Peak Season - Regular - Pol Level	Check the box (if applicable): Indicates peak season - regular coverage applies to the policy.
PROPERTY COVERAGES	Peak Season - Regular - Prem Level	Check the box (if applicable): Indicates peak season - regular coverage applies to a specific premises.
PROPERTY COVERAGES	Peak Season - Regular - Total Amount	Enter limit: The total limit amount for peak season - regular coverage.
PROPERTY COVERAGES	Peak Season - Regular - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for peak season - regular coverage.</p>
PROPERTY COVERAGES	Peak Season - Regular - Deductible	Enter deductible: The deductible amount for peak season - regular coverage.

PROPERTY COVERAGES	Peak Season - Regular - Included	Check the box (if applicable): Indicates peak season - regular coverage is included in the policy.
PROPERTY COVERAGES	Peak Season - Regular - Form Number	Enter identifier: The form number used by the company for peak season - regular coverage.
PROPERTY COVERAGES	Peak Season - Regular - Form Date	Enter date: The edition date of the form used by the company for peak season - regular coverage.
PROPERTY COVERAGES	Peak Season - Regular - Premium	Enter amount: The premium amount for peak season - regular coverage.
PROPERTY COVERAGES	Peak Season - Additional - Pol Level	Check the box (if applicable): Indicates peak season - additional coverage applies to the policy.
PROPERTY COVERAGES	Peak Season - Additional - Prem Level	Check the box (if applicable): Indicates peak season - additional coverage applies to a specific premises.
PROPERTY COVERAGES	Peak Season - Additional - Total Amount	Enter limit: The total limit amount for peak season - additional coverage.
PROPERTY COVERAGES	Peak Season - Additional - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for peak season - additional coverage.</p>
PROPERTY COVERAGES	Peak Season - Additional - Deductible	Enter deductible: The deductible amount for peak season - additional coverage.
PROPERTY COVERAGES	Peak Season - Additional - Included	Check the box (if applicable): Indicates peak season - additional coverage is included in the policy.
PROPERTY COVERAGES	Peak Season - Additional - Form Number	Enter identifier: The form number used by the company for peak season - additional coverage.
PROPERTY COVERAGES	Peak Season - Additional - Form Date	Enter date: The edition date of the form used by the company for peak season - additional coverage.
PROPERTY COVERAGES	Peak Season - Additional - Premium	Enter amount: The premium amount for peak season - additional coverage.

PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Pol Level	Check the box (if applicable): Indicates business personal property improvements & betterments coverage applies to the policy.
PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Prem Level	Check the box (if applicable): Indicates business personal property improvements & betterments coverage applies to a specific premises.
PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Total Limit	Enter limit: The total limit amount for business personal property improvements & betterments coverage.
PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for business personal property improvements & betterments coverage.</p>
PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Deductible	Enter deductible: The deductible amount for business personal property improvements & betterments coverage.
PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Included	Check the box (if applicable): Indicates business personal property improvements & betterments coverage is included in the policy.
PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Form Number	Enter identifier: The form number used by the company for building personal property improvements & betterments coverage.
PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Form Date	Enter date: The edition date of the form used by the company for building personal property improvements & betterments coverage.

PROPERTY COVERAGES	Property BPP - Improvements & Betterments / RC / ACV - Premium	Enter amount: The premium amount for business personal property improvements & betterments coverage.
PROPERTY COVERAGES	Sign - Pol Level	Check the box (if applicable): Indicates sign coverage applies to the policy.
PROPERTY COVERAGES	Sign - Prem Level	Check the box (if applicable): Indicates sign coverage applies to a specific premises.
PROPERTY COVERAGES	Sign - Total Amount	Enter limit: The total limit amount for sign coverage.
PROPERTY COVERAGES	Sign - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value As used here, this information is for sign coverage.
PROPERTY COVERAGES	Sign - Deductible	Enter deductible: The deductible amount for sign coverage.
PROPERTY COVERAGES	Sign - Included	Check the box (if applicable): Indicates sign coverage is included in the policy.
PROPERTY COVERAGES	Sign - Form Number	Enter number: The form number used by the company for sign coverage.
PROPERTY COVERAGES	Sign - Form Date	Enter date: The edition date of the form used by the company for sign coverage.
PROPERTY COVERAGES	Sign - Premium	Enter amount: The premium amount for sign coverage.
PROPERTY COVERAGES	Terrorism - Domestic - Pol Level	Check the box (if applicable): Indicates domestic terrorism coverage applies to the policy.
PROPERTY COVERAGES	Terrorism - Domestic - Prem Level	Check the box (if applicable): Indicates domestic terrorism coverage applies to a specific premises.
PROPERTY COVERAGES	Terrorism - Domestic - Included	Check the box (if applicable): Indicates domestic terrorism coverage is included in the policy.
PROPERTY COVERAGES	Terrorism - Domestic - Form Number	Enter identifier: The form number used by the company for domestic terrorism coverage.
PROPERTY COVERAGES	Terrorism - Domestic - Form Date	Enter date: The edition date of the form used by the company for domestic terrorism coverage.
PROPERTY COVERAGES	Terrorism - Domestic - Premium	Enter amount: The premium amount for domestic terrorism.

PROPERTY COVERAGES	Terrorism - Foreign - Pol Level	Check the box (if applicable): Indicates foreign terrorism coverage applies to the policy.
PROPERTY COVERAGES	Terrorism - Foreign - Prem Level	Check the box (if applicable): Indicates foreign terrorism coverage applies to a specific premises.
PROPERTY COVERAGES	Terrorism - Foreign - Accept	Check the box (if applicable): Indicates the named insured accepts foreign terrorism coverage.
PROPERTY COVERAGES	Terrorism - Foreign - Reject	Check the box (if applicable): Indicates the named insured rejects foreign terrorism coverage.
PROPERTY COVERAGES	Terrorism - Foreign - Included	Check the box (if applicable): Indicates foreign terrorism coverage is included in the policy.
PROPERTY COVERAGES	Terrorism - Foreign - Form Number	Enter identifier: The form number used by the company for foreign terrorism coverage.
PROPERTY COVERAGES	Terrorism - Foreign - Form Date	Enter date: The edition date of the form used by the company for foreign terrorism coverage.
PROPERTY COVERAGES	Terrorism - Foreign - Premium	Enter amount: The premium amount for foreign terrorism.
PROPERTY COVERAGES	Transit - Pol Level	Check the box (if applicable): Indicates transit coverage applies to the policy.
PROPERTY COVERAGES	Transit - Prem Level	Check the box (if applicable): Indicates transit coverage applies to a specific premises.
PROPERTY COVERAGES	Transit - Total Amount	Enter limit: The total limit amount for transit coverage.
PROPERTY COVERAGES	Transit - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for transit coverage.</p>
PROPERTY COVERAGES	Transit - Deductible	Enter deductible: The deductible amount for transit coverage.
PROPERTY COVERAGES	Transit - Included	Check the box (if applicable): Indicates transit coverage is included in the policy.
PROPERTY COVERAGES	Transit - Form Number	Enter identifier: The form number used by the company for transit coverage.
PROPERTY COVERAGES	Transit - Form Date	Enter date: The edition date of the form used by the company for transit coverage.
PROPERTY COVERAGES	Transit - Premium	Enter amount: The premium amount for transit coverage.

PROPERTY COVERAGES	Valuable Papers - Pol Level	Check the box (if applicable): Indicates valuable papers coverage applies to the policy.
PROPERTY COVERAGES	Valuable Papers - Prem Level	Check the box (if applicable): Indicates valuable papers coverage applies to a specific premises.
PROPERTY COVERAGES	Valuable Papers - Total Amount	Enter limit: The total limit amount for valuable papers coverage.
PROPERTY COVERAGES	Valuable Papers - Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p> <p>As used here, this information is for valuable papers coverage.</p>
PROPERTY COVERAGES	Valuable Papers - Deductible	Enter deductible: The deductible amount for valuable papers coverage.
PROPERTY COVERAGES	Valuable Papers - Included	Check the box (if applicable): Indicates valuable papers coverage is included in the policy.
PROPERTY COVERAGES	Valuable Papers - Form Number	Enter identifier: The form number used by the company for valuable papers coverage.
PROPERTY COVERAGES	Valuable Papers - Form Date	Enter date: The edition date of the form used by the company for valuable papers coverage.
PROPERTY COVERAGES	Valuable Papers - Premium	Enter amount: The premium amount for valuable papers coverage.
PROPERTY COVERAGES	Wind Exclusion - Pol Level	Check the box (if applicable): Indicates wind exclusion applies to the policy.
PROPERTY COVERAGES	Wind Exclusion - Prem Level	Check the box (if applicable): Indicates wind exclusion applies to a specific premises.
PROPERTY COVERAGES	Wind Exclusion - Included	Check the box (if applicable): Indicates wind exclusion is included in the policy.
PROPERTY COVERAGES	Wind Exclusion - Form Number	Enter identifier: The form number used by the company for wind exclusion.
PROPERTY COVERAGES	Wind Exclusion - Form Date	Enter date: The edition date of the form used by the company for wind exclusion.
PROPERTY COVERAGES	Wind Exclusion - Premium	Enter amount: The premium amount for wind exclusion.
PROPERTY COVERAGES - PREMISES LEVEL	Ground Floor Glass - # Plates	Enter number: The number of plates of glass to be insured with the same dimensions and description. As used here, this is ground floor glass.

PROPERTY COVERAGES - PREMISES LEVEL	Ground Floor Glass - Area Sq Ft	Enter number: The area, measured in square feet, of the plates to be insured. For odd-sized plates, you may need to compute the area (e.g., the size needed to replace a round piece of glass is a rectangle large enough to allow the circle to be cut from it). As used here, this is ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Ground Floor Glass - Length Linear Ft	Enter number: The horizontal length, measured in feet, of the plates to be insured. As used here, this is ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Ground Floor Glass - Glass Type	Enter code: The industry code identifying the class for the type of glass. The source of this code is the Insurance Services Office CLM. As used here, this is ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Ground Floor Glass - Interior	Check the box (if applicable): Indicates glass is located inside the building. As used here, this is ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Ground Floor Glass - Tenants Exterior	Check the box (if applicable): Indicates glass is located outside a tenant area. As used here, this is ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Ground Floor Glass - Value	Enter amount: The actual value / cost per plate of glass. As used here, this is ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Ground Floor Glass - Deductible	Enter deductible: The deductible for the glass coverage. As used here, this is ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Above Ground Floor Glass - # Plates	Enter number: The number of plates of glass to be insured with the same dimensions and description. As used here, this is above ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Above Ground Floor Glass - Area Sq Ft	Enter number: The area, measured in square feet, of the plates to be insured. For odd-sized plates, you may need to compute the area (e.g., the size needed to replace a round piece of glass is a rectangle large enough to allow the circle to be cut from it). As used here, this is above ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Above Ground Floor Glass - Length Linear Ft	Enter number: The horizontal length, measured in feet, of the plates to be insured. As used here, this is above ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Above Ground Floor Glass - Glass Type	Enter code: The industry code identifying the class for the type of glass. The source of this code is the Insurance Services Office CLM. As used here, this is above ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Above Ground Floor Glass - Interior	Check the box (if applicable): Indicates glass is located inside the building. As used here, this is above ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Above Ground Floor Glass - Tenants Exterior	Check the box (if applicable): Indicates glass is located outside a tenant area. As used here, this is above ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Above Ground Floor Glass - Value	Enter amount: The actual value / cost per plate of glass. As used here, this is above ground floor glass.
PROPERTY COVERAGES - PREMISES LEVEL	Above Ground Floor Glass - Deductible	Enter deductible: The deductible for the glass coverage. As used here, this is above ground floor glass.

PROPERTY ADDITIONAL COVERAGES	Coverage Code	Enter code: The code for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Description	Enter text: The description of the coverage.
PROPERTY ADDITIONAL COVERAGES	Pol Level	Check the box (if applicable): Indicates the coverage applies at the policy level.
PROPERTY ADDITIONAL COVERAGES	Blkt #	Enter identifier: The blanket number associated with the additional property coverage.
PROPERTY ADDITIONAL COVERAGES	Prem Level	Check the box (if applicable): Indicates the coverage applies at the premises level.
PROPERTY ADDITIONAL COVERAGES	Total Amount	Enter limit: The total limit amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY ADDITIONAL COVERAGES	Deductible	Enter deductible: The deductible amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Included	Check the box (if applicable): Indicates the coverage is included in the policy.
PROPERTY ADDITIONAL COVERAGES	Form Number	Enter identifier: The form number used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Form Date	Enter date: The edition date of the form used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Premium	Enter amount: The premium amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Code	Enter code: The code for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Description	Enter text: The description of the coverage.

PROPERTY ADDITIONAL COVERAGES	Pol Level	Check the box (if applicable): Indicates the coverage applies at the policy level.
PROPERTY ADDITIONAL COVERAGES	Blkt #	Enter identifier: The blanket number associated with the additional property coverage.
PROPERTY ADDITIONAL COVERAGES	Prem Level	Check the box (if applicable): Indicates the coverage applies at the premises level.
PROPERTY ADDITIONAL COVERAGES	Total Amount	Enter limit: The total limit amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY ADDITIONAL COVERAGES	Deductible	Enter deductible: The deductible amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Included	Check the box (if applicable): Indicates the coverage is included in the policy.
PROPERTY ADDITIONAL COVERAGES	Form Number	Enter identifier: The form number used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Form Date	Enter date: The edition date of the form used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Premium	Enter amount: The premium amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Code	Enter code: The code for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Description	Enter text: The description of the coverage.
PROPERTY ADDITIONAL COVERAGES	Pol Level	Check the box (if applicable): Indicates the coverage applies at the policy level.
PROPERTY ADDITIONAL COVERAGES	Blkt #	Enter identifier: The blanket number associated with the additional property coverage.

PROPERTY ADDITIONAL COVERAGES	Prem Level	Check the box (if applicable): Indicates the coverage applies at the premises level.
PROPERTY ADDITIONAL COVERAGES	Total Amount	Enter limit: The total limit amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY ADDITIONAL COVERAGES	Deductible	Enter deductible: The deductible amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Included	Check the box (if applicable): Indicates the coverage is included in the policy.
PROPERTY ADDITIONAL COVERAGES	Form Number	Enter identifier: The form number used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Form Date	Enter date: The edition date of the form used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Premium	Enter amount: The premium amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Code	Enter code: The code for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Description	Enter text: The description of the coverage.
PROPERTY ADDITIONAL COVERAGES	Pol Level	Check the box (if applicable): Indicates the coverage applies at the policy level.
PROPERTY ADDITIONAL COVERAGES	Blkt #	Enter identifier: The blanket number associated with the additional property coverage.
PROPERTY ADDITIONAL COVERAGES	Prem Level	Check the box (if applicable): Indicates the coverage applies at the premises level.
PROPERTY ADDITIONAL COVERAGES	Total Amount	Enter limit: The total limit amount for the coverage.

PROPERTY ADDITIONAL COVERAGES	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY ADDITIONAL COVERAGES	Deductible	Enter deductible: The deductible amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Included	Check the box (if applicable): Indicates the coverage is included in the policy.
PROPERTY ADDITIONAL COVERAGES	Form Number	Enter identifier: The form number used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Form Date	Enter date: The edition date of the form used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Premium	Enter amount: The premium amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Code	Enter code: The code for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Description	Enter text: The description of the coverage.
PROPERTY ADDITIONAL COVERAGES	Pol Level	Check the box (if applicable): Indicates the coverage applies at the policy level.
PROPERTY ADDITIONAL COVERAGES	Blkt #	Enter identifier: The blanket number associated with the additional property coverage.
PROPERTY ADDITIONAL COVERAGES	Prem Level	Check the box (if applicable): Indicates the coverage applies at the premises level.
PROPERTY ADDITIONAL COVERAGES	Total Amount	Enter limit: The total limit amount for the coverage.

PROPERTY ADDITIONAL COVERAGES	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY ADDITIONAL COVERAGES	Deductible	Enter deductible: The deductible amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Included	Check the box (if applicable): Indicates the coverage is included in the policy.
PROPERTY ADDITIONAL COVERAGES	Form Number	Enter identifier: The form number used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Form Date	Enter date: The edition date of the form used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Premium	Enter amount: The premium amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Code	Enter code: The code for the coverage.
PROPERTY ADDITIONAL COVERAGES	Coverage Description	Enter text: The description of the coverage.
PROPERTY ADDITIONAL COVERAGES	Pol Level	Check the box (if applicable): Indicates the coverage applies at the policy level.
PROPERTY ADDITIONAL COVERAGES	Blkt #	Enter identifier: The blanket number associated with the additional property coverage.
PROPERTY ADDITIONAL COVERAGES	Prem Level	Check the box (if applicable): Indicates the coverage applies at the premises level.
PROPERTY ADDITIONAL COVERAGES	Total Amount	Enter limit: The total limit amount for the coverage.

PROPERTY ADDITIONAL COVERAGES	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
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PROPERTY ADDITIONAL COVERAGES	Blkt #	Enter identifier: The blanket number associated with the additional property coverage.
PROPERTY ADDITIONAL COVERAGES	Prem Level	Check the box (if applicable): Indicates the coverage applies at the premises level.
PROPERTY ADDITIONAL COVERAGES	Total Amount	Enter limit: The total limit amount for the coverage.

PROPERTY ADDITIONAL COVERAGES	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY ADDITIONAL COVERAGES	Deductible	Enter deductible: The deductible amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Included	Check the box (if applicable): Indicates the coverage is included in the policy.
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PROPERTY ADDITIONAL COVERAGES	Form Date	Enter date: The edition date of the form used by the company for the coverage.
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PROPERTY ADDITIONAL COVERAGES	Blkt #	Enter identifier: The blanket number associated with the additional property coverage.
PROPERTY ADDITIONAL COVERAGES	Prem Level	Check the box (if applicable): Indicates the coverage applies at the premises level.
PROPERTY ADDITIONAL COVERAGES	Total Amount	Enter limit: The total limit amount for the coverage.

PROPERTY ADDITIONAL COVERAGES	Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY ADDITIONAL COVERAGES	Deductible	Enter deductible: The deductible amount for the coverage.
PROPERTY ADDITIONAL COVERAGES	Included	Check the box (if applicable): Indicates the coverage is included in the policy.
PROPERTY ADDITIONAL COVERAGES	Form Number	Enter identifier: The form number used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Form Date	Enter date: The edition date of the form used by the company for the coverage.
PROPERTY ADDITIONAL COVERAGES	Premium	Enter amount: The premium amount for the coverage.

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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).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Bldg #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES GENERAL INFORMATION	1. Does applicant have a heating or processing boiler?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does applicant have a heating or processing boiler?".
PREMISES GENERAL INFORMATION	Date of Last Inspection	Enter date: The date of the last inspection.
PREMISES GENERAL INFORMATION	Current Carrier for Boiler & Machinery coverage:	Enter text: The insurer name on any other applicable insurance. As used here, this is the current carrier for boiler and machinery coverage.

PREMISES GENERAL INFORMATION	2. Any specialized equipment, such as medical equipment or other, valued over \$100,000?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any specialized equipment, such as medical equipment or other, valued over \$100,000?".
PREMISES GENERAL INFORMATION	Explanation	Enter text: An explanation of an specialized equipment, such as medical equipment or other, valued over \$100,000.
PREMISES GENERAL INFORMATION	3. Is all equipment inspected annually and well maintained?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is all equipment inspected annually and well maintained?".
PREMISES GENERAL INFORMATION	4. Is there a swimming pool on the premises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a swimming pool on the premises?".
PREMISES GENERAL INFORMATION	Approved Fence	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.
PREMISES GENERAL INFORMATION	Limited Access	Check the box (if applicable): Indicates there is limited access to the swimming pool.
PREMISES GENERAL INFORMATION	Diving Board	Check the box (if applicable): Indicates the swimming pool has a diving board.
PREMISES GENERAL INFORMATION	Slide	Check the box (if applicable): Indicates the swimming pool has a slide.
PREMISES GENERAL INFORMATION	Above Ground	Check the box (if applicable): Indicates the swimming pool is above ground.
PREMISES GENERAL INFORMATION	In Ground	Check the box (if applicable): Indicates the swimming pool is in the ground.
PREMISES GENERAL INFORMATION	Life Guard	Check the box (if applicable): Indicates there is life guard for the swimming pool.
PREMISES GENERAL INFORMATION	5. Is the building under construction?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the building under construction?".
PREMISES GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether the building is under construction.
APARTMENT AND CONDOMINIUMS	1. Is there a playground on premises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a playground on premises?".
APARTMENT AND CONDOMINIUMS	Explanation	Enter text: An explanation as to whether there is a playground on premises.

APARTMENT AND CONDOMINIUMS	2. Is aluminum wiring used?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if aluminum wiring is used in the structure.
APARTMENT AND CONDOMINIUMS	Installation Date	Enter date: The date the wiring was installed.
APARTMENT AND CONDOMINIUMS	Description	Enter text: The description of any aluminum wire used.
APARTMENT AND CONDOMINIUMS	3. Is developer or contractor a board member?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is developer or contractor a board member?".
APARTMENT AND CONDOMINIUMS	4. Is a property manager employed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is a property manager employed?".
APARTMENT AND CONDOMINIUMS	Coverage Applies To Bare Walls	Check the box (if applicable): Indicates coverage applies to bare walls.
APARTMENT AND CONDOMINIUMS	Coverage Applies To Finished Walls	Check the box (if applicable): Indicates coverage applies to finished walls.
APARTMENT AND CONDOMINIUMS	Smoke Detectors - None	Check the box (if applicable): Indicates there are no smoke detectors in each unit.
APARTMENT AND CONDOMINIUMS	Smoke Detectors - Battery	Check the box (if applicable): Indicates the smoke detector is battery operated.
APARTMENT AND CONDOMINIUMS	Smoke Detectors - Wired	Check the box (if applicable): Indicates the smoke detector is wired.
APARTMENT AND CONDOMINIUMS	# of Fire Divisions	Enter number: The number of fire divisions in the building.
APARTMENT AND CONDOMINIUMS	# Units Per Fire Division	Enter number: The number of units within a fire division.
APARTMENT AND CONDOMINIUMS	# Units Owner Occupied	Enter number: The number of units that are owner occupied.
CRIME	Alarm Type - Hold Up	Check the box (if applicable): Indicates the alarm type is a hold-up alarm. A manual or semiautomatic control which can transmit an alarm in the event of a hold-up. As used here, complete this section in regards to the location and protection systems for this risk. Information on the classification of safes, vaults and alarm systems can be found in the Crime Section of the ISO Commercial Lines Manual.
CRIME	Alarm Type - Premises	Check the box (if applicable): Indicates the alarm type is a premises alarm. A sensing device installed on premises which transmits an alarm in the event of unauthorized entry. The Premises Extent must be completed for Premises Alarms.

CRIME	Alarm Type - Safe / Vault	Check the box (if applicable): Indicates the alarm type is a safe / vault alarm. A system that protects the safe or vault and is connected to an outside central station, gong or siren. The Extent of Protection for safe / vault must be completed.
CRIME	Alarm Type - Other	Check the box (if applicable): Indicates the alarm type is other than those listed.
CRIME	Alarm Type - Other Description	Enter text: The description of the type of alarm.
CRIME	Alarm Description - Local Gong	Check the box (if applicable): Indicates the burglar alarm sounds or appears outside the premises.
CRIME	Alarm Description - Central Station with Keys	Check the box (if applicable): Indicates the alarm company, located off the insured's premises, has keys to the applicant's property.
CRIME	Alarm Description - Central Station without Keys	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
CRIME	Alarm Description - Police Connect	Check the box (if applicable): Indicates if alarms (hold-up and burglar) are transmitted to police headquarters rather than to a private control station
CRIME	Grade	Enter code: The alarm system grade as described in the Underwriters Laboratories (UL) standard (i.e., AA, A, BB, B, CC and C) which indicates the time required to respond to a signal from the alarm system.
CRIME	Extent of Protection for Safe / Vault - Partial	Check the box (if applicable): Indicates the extent of protection for the safe / vault is partial and covers around the door only.
CRIME	Extent of Protection for Safe / Vault - Complete	Check the box (if applicable): Indicates the extent of protection for the safe / vault is complete and covers the sides, top walls, floor and ceiling.
CRIME	Extent of Protection for Premises - 1	Check the box (if applicable): Indicates the extent of protection for the premises is protection grade 1 as defined in the Underwriters Laboratories (UL) standard.
CRIME	Extent of Protection for Premises - 2	Check the box (if applicable): Indicates the extent of protection for the premises is protection grade 2 as defined in the Underwriters Laboratories (UL) standard.
CRIME	Extent of Protection for Premises - 3	Check the box (if applicable): Indicates the extent of protection for the premises is protection grade 3 as defined in the Underwriters Laboratories (UL) standard.
CRIME	Certificate #	Enter identifier: The Underwriters Laboratories or other testing organization Certificate Number, if applicable. Attach a copy of the certificate to the application.
CRIME	Expiration Date	Enter date: The expiration date of the certificate. (MM/DD/YYYY)
CRIME	Safe / Vault / Receptacle Manufacturers Name	Enter text: The safe or vault manufacturer's name.
CRIME	Label - UL	Check the box (if applicable): Indicates the rating is based on Underwriters Laboratories, Inc. (UL).

CRIME	Label - SMNA	Check the box (if applicable): Indicates the rating is based on Safe Manufacturers National Association (SMNA).
CRIME	Class	Enter code: The construction classification representing the extent of burglary protection for this safe or vault. Use the classification from the Burglary label and not the Fire label located on the safe or vault. For industry definitions of the classifications, refer to the Commercial Lines Manual.
CRIME	Maximum Cash on Premises	Enter amount: The maximum amount of cash kept on the premises during normal business hours.
CRIME	Maximum Cash With Messenger	Enter amount: The maximum amount of cash messengers are allowed to carry for the applicant.
CRIME	Money on Premises Overnight	Enter amount: The maximum exposure amount for money overnight.
CRIME	Frequency of Deposits	Enter code: The frequency of deposits.
CRIME	Deadbolt Cylinder Door Locks	Enter Y for a "Yes" response. Input N for "No" response. Indicates the type of locks on the entry doors of the insured premises are double cylinder deadbolt door locks.
CRIME	Safe Door Construction	Enter text: The construction of the safe, vault or other receptacle (e.g., 4-inch steel door, with 12-inch reinforced stone walls).
CRIME	Other Protection	Enter text: The description of other protective measures or devices (e.g., if windows have steel grates and are connected to an alarm). Indicate if the building has skylights and if windows are visible from the street.
REMARKS		Enter text: The description of any additional information required for underwriting or rating the business owners line of business. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

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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).
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.
SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in FL)	Enter identifier: The State License Number of the producer.

SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
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.