

ACORD 187 (2016/03) - PROFESSIONAL LIABILITY SUPPLEMENT

ACORD 187, Professional Liability Supplement, is used to apply for professional liability coverage for any of the following classes:

- * Barbers and Beauticians
- * Funeral Directors
- * Optical and Hearing Aid Establishments
- * Printers
- * Veterinarians

This form is intended to be used as a supplement to the following forms:

- * ACORD 126, Commercial General Liability Section
- * ACORD 160, Business owners Application.

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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	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (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	Applicant / First Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Nature Of Business	Enter text: The description of the other nature / type of business.
IDENTIFICATION SECTION	Years In Business	Enter number: The number of years the insured has been in business.
IDENTIFICATION SECTION	# of Employees - Full Time	Enter number: The number of full time employees.

IDENTIFICATION SECTION	# of Employees - Part Time	Enter number: The number of part time employees.
IDENTIFICATION SECTION	Annual Sales/Receipts	Enter amount: The total annual gross sales or receipts.
GENERAL INFORMATION	Are all employees licensed as required by law?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are all employees licensed as required by law?".
GENERAL INFORMATION	Is applicant a member of a local or national organization?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is applicant a member of a local or national organization?".
GENERAL INFORMATION	If yes, provide name	Enter text: The name of the local or national organization the applicant is a member of.
GENERAL INFORMATION	Do any employees work for others in addition to the applicant?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do any employees work for others in addition to the applicant?".
FUNERAL DIRECTORS INFORMATION	If funeral prepayment plans are offered, are funds properly audited, managed and distributed by full-time director?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "If funeral prepayment plans are offered, are funds properly audited, managed and distributed by full-time director?".
FUNERAL DIRECTORS INFORMATION	Does applicant specialize in cremation services?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does applicant specialize in cremation services?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Are all prescriptions checked against the original order when the merchandise is delivered?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are all prescriptions checked against the original order when the merchandise is delivered?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Are records of all tests performed, prescriptions filled and customer's acceptance of merchandise kept on computer or in a fire-resistant cabinet?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are records of all tests performed, prescriptions filled and customer's acceptance of merchandise kept on computer or in a fire-resistant cabinet?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Are hearing aids or optical goods manufactured or delivered only as a result of a prescription from a physician, audiologist or optometrist?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are hearing aids or optical goods manufactured or delivered only as a result of a prescription from a physician, audiologist or optometrist?".
OPTICAL AND HEARING AID ESTABLISHMENTS	Does applicant employ optometrists or opticians?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does applicant employ optometrists or opticians?".

PRINTERS	Are lottery, gaming or raffle tickets printed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are lottery, gaming or raffle tickets printed?".
PRINTERS	Are food or drug labels printed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are food or drug labels printed?"
PRINTERS	Are transportation, admission or special event tickets printed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are transportation, admission or special event tickets printed?".
PRINTERS	Are money orders, securities, or travelers checks printed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are money orders, securities, or travelers checks printed?".
PRINTERS	Does the applicant have a written quality control program?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have a written quality control program?".
PRINTERS	Are customers required to proof-read before printing takes place?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are customers required to proof-read before printing takes place?".
PRINTERS	Is the applicant a contract printer for publishers?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant a contract printer for publishers?".
PRINTERS	Does the applicant write documents?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant write documents?".
PRINTERS	How are solvents and/or other pollutants disposed of?	Enter text: The description of how solvents and/or other pollutants are disposed.
VETERINARIANS	Are any services provided to animals used or bred for professional racing, show or delivery services?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any services provided to animals used or bred for professional racing, show or delivery services?".
VETERINARIANS	Are any services provided to animals belonging to zoos, circuses, carnivals, rodeos, theatrical or other show enterprises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any services provided to animals belonging to zoos, circuses, carnivals, rodeos, theatrical or other show enterprises?".
VETERINARIANS	# of Owners:	Enter number: The number of owners.
VETERINARIANS	# of Employed Vets:	Enter number: The number of employed veterinarians.

REMARKS	Remarks	Enter text: The general remarks associated with professional liability. Use the remarks area to document anything else that would help the underwriter evaluate your application. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
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