

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 225 (1/98)	The Policyholder's Report	ACORD 225 is used to obtain actual amounts from the insured to recalculate the premium.
IDENTIFICATION	Date	Month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION	Page of Pages	Number of pages in this Producer Account for the account month.
IDENTIFICATION	Producer	Producer's name and address.
IDENTIFICATION	Phone	Producer's telephone number. Include area code and extension, if applicable
IDENTIFICATION	Code	Identification code assigned to the agency or brokerage firm by the insurance company receiving this form.
IDENTIFICATION	Sub-Code	If the agency uses a sub-code identification system with the company, enter the appropriate code.
IDENTIFICATION	Agency Customer ID	Customer's identification number assigned by the agency or brokerage.
IDENTIFICATION	Company	Name of the applicable insurance company. The actual name, address and telephone number of the company within the group which is writing the policy.
IDENTIFICATION	Insured	Full name of the insured appearing on the policy.
IDENTIFICATION	Policy Type	Type of property/casualty policy being adjusted.
IDENTIFICATION	Policy Number	Number assigned by the company for the policy.
IDENTIFICATION	Policy Period	Time period from when the terms and conditions of the policy began to the date on which the terms and conditions expire.
		Company indicates the period for which the report is to be made.
		On many smaller risks, the reporting period matches the policy period shown directly above. The normal reporting periods would be annual, semi-annual, quarterly or monthly.
		Exceptions include property reporting forms which are usually generated each month. Companies which do not generate monthly requests for property reports may want to prepare these forms in advance for the entire year and deliver them with the new or renewal policy.
IDENTIFICATION	Reporting Period	
IDENTIFICATION	Due Date	Date by which the insured must complete and return the form. (MM/DD/YYYY)
IDENTIFICATION	Return to	Check if form is being returned to the company or agency.
EXECUTIVE OFFICERS/PARTNERS/PRO PRIETORS		Using the boxes provided, the company indicates if the insured is to complete this section. The section would be completed for any coverage rated on a payroll/earnings basis.
EXECUTIVE OFFICERS/PARTNERS/PRO PRIETORS	Title	Individual's title in the organization.

EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Name	Name of the individual covered by the policy.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Specific Duties	Duties performed by the individual.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Earnings	Insured will enter the respective earnings for each individual.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Number of Weeks Employed	Number of weeks the individual has been employed by this organization.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Rate	A rate may be applied to the earnings (e.g., A partner working as a shop foreman on a policy with workers' compensation would be rated; partner engaged in clerical activities on a policy with other liability coverages may not be rated). The rate may be entered by the company when the report is prepared to facilitate "pay as you go" programs, or it may be entered by the company after completion by the insured to allow the form to be used as a worksheet.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Premium	Premium is computed by multiplying the rate by the amount of earnings entered by the insured. The policyholder may complete this section to determine the premium in cases where remittance accompanies the completed report. The company may also use this form as a worksheet. * Both the rate and premium columns have been shaded to reduce confusing the insured regarding the need to make entries in these columns.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Code/Description/Location	This broad area facilitates the entry of several pieces of information.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Code	Number of characters used in the code vary from company to company. By allowing entry of the code in this field, the company can use the number of characters its coding requires. The codes will originate from the Commercial Lines or Workers' Compensation Manuals.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Description	Description should match the one found on the declarations page. Any abbreviations should be readily identifiable to the insured and should be similar to descriptions found in the manual.

EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Location	Enter this information if more than one location exists, or if the address differs from the mailing address. * If multiple locations exist, each should be entered with the appropriate code and description.
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Premium Base(s)	Company will enter each base as it appears on the declarations (e.g., payroll, receipts).
EXECUTIVE OFFICERS/PARTNERS/PROPRIETORS	Actual Amount	Insured should enter the values to correspond with the premium bases. Rate and premium columns are extended down to facilitate computation if the form is used as a worksheet by the insured or the company. * Please refer to the reverse side of the form for additional information and clarifications for specific lines of business.
GENERAL INFORMATION	Who Keeps Your Records	Individual responsible for the maintenance of records in the company.
GENERAL INFORMATION	Address	Physical location where the records are kept.
GENERAL INFORMATION	Phone Number	Phone number of individual responsible for the maintenance of records in the company.
GENERAL INFORMATION	Signature	Form must be signed by a responsible official of the company.
GENERAL INFORMATION	Title	Title of the individual who signed the form.
GENERAL INFORMATION	Date	Date the form was signed.