

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 3827 (2012/10)	Business Package Application for Insurance	The title of the form. ACORD 3827, Business Package Application For Insurance, is used to apply for business package insurance in Australia.
IDENTIFICATION SECTION	Intermediary	Enter text: The full name of the producer/agency. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	Address Line 1	Enter text: The mailing address line one of the producer/agency. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	Address Line 2	Enter text: The mailing address line two of the producer/agency. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer/agency. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer/agency. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	Zip	Enter code: The mailing address postal code of the producer/agency. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	Telephone Number	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	Fax Number	Enter number: The producer's contact person's fax number. As used here, producer is equivalent to broker.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person e-mail address. As used here, producer is equivalent to broker.
APPLICANT DETAILS	Period of Insurance Start Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
APPLICANT DETAILS	Period of Insurance End Date	Enter date: The date on which the terms and conditions of the policy will expire.
APPLICANT DETAILS	Company	Check the box (if applicable): Indicates the legal entity code for the named insured is "Professional Company".
APPLICANT DETAILS	Partnership	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
APPLICANT DETAILS	Sole Proprietorship	Check the box (if applicable): Indicates the legal entity code for the named insured is "Sole Proprietor".
APPLICANT DETAILS	Other	Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.
APPLICANT DETAILS	Other Description	Enter text: The description of the legal entity if not listed on the form.
APPLICANT DETAILS	Full Legal Trading Name	Enter text: The full legal name of the business.

Section Name	Field Name	Field and/or Section Description
APPLICANT DETAILS	Postal Address Number and Street	Enter text: The named insured's mailing address line one.
APPLICANT DETAILS	City	Enter text: The named insured's mailing address city name.
APPLICANT DETAILS	State/Territory	Enter code: The named insured's mailing address state or province code.
APPLICANT DETAILS	Postcode	Enter code: The named insured's mailing address postal code.
APPLICANT DETAILS	Telephone Number	Enter number: The named insured's primary phone number.
APPLICANT DETAILS	Fax Number	Enter number: The named insured's fax number.
APPLICANT DETAILS	Mobile Number	Enter number: The named insured's cell phone number.
APPLICANT DETAILS	E-Mail Address	Enter text: The named insured's primary e-mail address.
APPLICANT DETAILS	Year Business Established	Enter year: The year the business was started.
APPLICANT DETAILS	ABN	Enter identifier: The tax identifier of the named insured. As used here, tax identifier is equivalent to ABN.
APPLICANT DETAILS	GST Registered? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the named insured is GST registered.
APPLICANT DETAILS	Input Tax Credit	Enter percentage: The percentage for input tax credit.
APPLICANT DETAILS	Web Site URL	Enter text: The primary website address for the named insured.
APPLICANT DETAILS	Annual Turnover	Enter amount: The amount of business a company conducts during a year usually measured through income or sales.
APPLICANT DETAILS	Annual Rental Income	Enter amount: The expected annual rental income amount.
APPLICANT DETAILS	Number of Full Time Employees	Enter number: The number of individuals employed full time by the applicant.
APPLICANT DETAILS	Number of Casual/Part Time Employees	Enter number: The number of individuals employed part time by the applicant.
APPLICANT DETAILS	Number of Directors	Enter number: The number of principals, partners and directors.
CURRENT INSURANCE DETAILS	Holding Broker or Intermediary	Enter text: The full name of the brokerage.
CURRENT INSURANCE DETAILS	Holding Insurer	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.
CURRENT INSURANCE DETAILS	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.
INTERESTED PARTIES	Int #	Enter number: The producer assigned number to the interested party. As used here, additional interest is equivalent to interested party and producer is equivalent to broker.
INTERESTED PARTIES	Name	Enter text: The additional interest's full name. As used here, additional interest is equivalent to interested party.

Section Name	Field Name	Field and/or Section Description
INTERESTED PARTIES	Type of Interest	Enter text: The description for the interest in the item. As used here, additional interest is equivalent to interested party.
INTERESTED PARTIES	Physical Address STREET 1	Enter text: The additional interest's mailing address line one. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	STREET 2	Enter text: The additional interest's mailing address line two. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	CITY	Enter text: The additional interest's mailing address city name. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	State/Territory	Enter code: The additional interest's mailing address state or province code. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	Postcode	Enter code: The additional interest's mailing address postal code. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	Phone Number	Enter number: The primary phone number of the additional interest. As used here, additional interest is equivalent to interested party.
INTERESTED PARTIES	Int #	Enter number: The producer assigned number to the interested party. As used here, additional interest is equivalent to interested party and producer is equivalent to broker.
INTERESTED PARTIES	Name	Enter text: The additional interest's full name. As used here, additional interest is equivalent to interested party.
INTERESTED PARTIES	Type of Interest	Enter text: The description for the interest in the item. As used here, additional interest is equivalent to interested party.
INTERESTED PARTIES	Physical Address STREET 1	Enter text: The additional interest's mailing address line one. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	STREET 2	Enter text: The additional interest's mailing address line two. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	CITY	Enter text: The additional interest's mailing address city name. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	State/Territory	Enter code: The additional interest's mailing address state or province code. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	Postcode	Enter code: The additional interest's mailing address postal code. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	Phone Number	Enter number: The primary phone number of the additional interest. As used here, additional interest is equivalent to interested party.
INTERESTED PARTIES	Int #	Enter number: The producer assigned number to the interested party. As used here, additional interest is equivalent to interested party and producer is equivalent to broker.

Section Name	Field Name	Field and/or Section Description
INTERESTED PARTIES	Name	Enter text: The additional interest's full name. As used here, additional interest is equivalent to interested party.
INTERESTED PARTIES	Type of Interest	Enter text: The description for the interest in the item. As used here, additional interest is equivalent to interested party.
INTERESTED PARTIES	Physical Address STREET 1	Enter text: The additional interest's mailing address line one. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	STREET 2	Enter text: The additional interest's mailing address line two. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	CITY	Enter text: The additional interest's mailing address city name. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	State/Territory	Enter code: The additional interest's mailing address state or province code. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	Postcode	Enter code: The additional interest's mailing address postal code. As used here, this is the physical address of the interested party.
INTERESTED PARTIES	Phone Number	Enter number: The primary phone number of the additional interest. As used here, additional interest is equivalent to interested party.
PREMISES DETAILS	Sit #	Enter number: The producer assigned number of the location. As used here, in Australia, the Location is equivalent to the Situation, and producer is equivalent to broker.
PREMISES DETAILS	Number and Street	Enter text: The first address line of the physical location. As used here, in Australia, the Location is equivalent to the Situation.
PREMISES DETAILS	Primary Situation	Check the box (if applicable): Indicates if the location / building is the primary premises. As used here, in Australia, the Location is equivalent to the Situation.
PREMISES DETAILS	City/Suburb	Enter text: The city of the physical location. As used here, in Australia, the Location is equivalent to the Situation.
PREMISES DETAILS	State/Territory	Enter code: The state or province of the physical location. As used here, in Australia, the Location is equivalent to the Situation.
PREMISES DETAILS	Postcode	Enter code: The postal code of the physical location. As used here, in Australia, the Location is equivalent to the Situation.
PREMISES DETAILS	Occupation at Situation	Enter text: The nature of business at this location.
PREMISES DETAILS	Describe Additional	Enter text: The text description of the operations of this risk or insured. As used here, any additional material activities, not reasonably expected for the occupation selected, conducted at or away from the situation.
PREMISES DETAILS	Owner of Premises Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the insured the owner of the building?".

Section Name	Field Name	Field and/or Section Description
PREMISES DETAILS	Occupied by Other Business Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is this building occupied by another business?".
PREMISES DETAILS	Describe Activities of Other Business	Enter text: The text description of the operations of this risk or insured. As used here, this is a brief description of the other business at this situation.
PREMISES DETAILS	Year Built	Enter year: The year the structure was built (YYYY).
PREMISES DETAILS	Year Last Rewired	Enter year: The year the wiring improvements took place.
PREMISES DETAILS	Connected to Town Water? Yes	Check the box (if applicable): Indicates the working utilities includes water.
PREMISES DETAILS	Connected to Town Water? No	Check the box (if applicable): Indicates the premises is not connected to town water.
PREMISES DETAILS	Connected to Town Water? Not Known	Check the box (if applicable): Indicates it is unknown if the premises is connected to town water.
PREMISES DETAILS	Building Heritage Protected? Yes	Check the box (if applicable): Indicates the property has been designated an historical landmark. As used here, historical property is equivalent to building heritage protected.
PREMISES DETAILS	Building Heritage Protected? No	Check the box (if applicable): Indicates the premises has not been designated as a historical landmark.
PREMISES DETAILS	Building Heritage Protected? Not Known	Check the box (if applicable): Indicates it is unknown if the premises has been designated as a historical landmark.
LOCALITY	Main Street	Check the box (if applicable): Indicates the locality is a main street.
LOCALITY	Shopping Centre	Check the box (if applicable): Indicates the locality is a Fully Enclosed Shopping Center.
LOCALITY	Suburban Street	Check the box (if applicable): Indicates the locality is a suburban street.
LOCALITY	Office Block	Check the box (if applicable): Indicates the locality is an office block.
LOCALITY	Remote/Rural	Check the box (if applicable): Indicates the locality is remote/rural.
LOCALITY	Industrial Estate	Check the box (if applicable): Indicates the neighborhood is industrial.
FLOOR CONSTRUCTION	Concrete	Check the box (if applicable): Indicates the ground floor construction is concrete.
FLOOR CONSTRUCTION	Expanded Polystyrene	Check the box (if applicable): Indicates the ground floor construction is EPS.
FLOOR CONSTRUCTION	Iron/Steel	Check the box (if applicable): Indicates the ground floor construction is iron/steel.
FLOOR CONSTRUCTION	Mixed	Check the box (if applicable): Indicates the ground floor construction is mixed.
FLOOR CONSTRUCTION	Brick	Check the box (if applicable): Indicates the ground floor construction is brick.
FLOOR CONSTRUCTION	Wood	Check the box (if applicable): Indicates the ground floor construction is wood.
FLOOR CONSTRUCTION	Other	Check the box (if applicable): Indicates the floor construction is none of the above listed choices.
FLOOR CONSTRUCTION	Describe Other	Enter text: The type of floor construction material.
WALL CONSTRUCTION	Concrete	Check the box (if applicable): Indicates the construction of the structure is poured concrete.

Section Name	Field Name	Field and/or Section Description
WALL CONSTRUCTION	EPS	Check the box (if applicable): Indicates the construction of the structure is EPS.
WALL CONSTRUCTION	Iron/Steel	Check the box (if applicable): Indicates the construction of the structure is steel.
WALL CONSTRUCTION	Mixed	Check the box (if applicable): Indicates the construction of the structure is mixed.
WALL CONSTRUCTION	Brick	Check the box (if applicable): Indicates the construction of the structure is masonry.
WALL CONSTRUCTION	Wood	Check the box (if applicable): Indicates the construction of the structure is frame.
WALL CONSTRUCTION	Other	Check the box (if applicable): Indicates the construction of the structure is other than those listed.
WALL CONSTRUCTION	Describe Other	Enter text: The type of wall construction material.
ROOF CONSTRUCTION	Concrete	Check the box (if applicable): Indicates the roof construction is concrete.
ROOF CONSTRUCTION	Expanded Polystyrene	Check the box (if applicable): Indicates the roof construction is EPS.
ROOF CONSTRUCTION	Iron/Steel	Check the box (if applicable): Indicates the roof construction is iron/steel.
ROOF		
CON12864STRUCTION	Wood	Check the box (if applicable): Indicates the roof construction is wood.
ROOF CONSTRUCTION	Masonry	Check the box (if applicable): Indicates the roof construction is masonry.
ROOF CONSTRUCTION	Mixed	Check the box (if applicable): Indicates the roof construction is mixed.
ROOF CONSTRUCTION	Tiles	Check the box (if applicable): Indicates the roof material is tile.
ROOF CONSTRUCTION	Asbestos	Check the box (if applicable): Indicates the roof construction is asbestos.
ROOF CONSTRUCTION	Other	Check the box (if applicable): Indicates the roof material is other than those listed.
ROOF CONSTRUCTION	Describe Other	Enter text: The type of roof construction material.
PREMISES DETAILS	EPS %	Enter percentage: The estimated percent of expanded polystyrene.
PREMISES DETAILS	Flammable Goods Stored? Yes	Check the box (if applicable): Indicates flammable goods are stored at this location.
PREMISES DETAILS	Quantity	Enter number: The number of flammable goods stored at this location.
PREMISES DETAILS	Flammable Goods Stored? No	Check the box (if applicable): Indicates flammable goods are not stored at this location.
PREMISES DETAILS	Flammable Goods Stored? Not Known	Check the box (if applicable): Indicates it is not known if flammable goods are stored at this location.
FIRE PROTECTION	None	Check the box (if applicable): Indicate the building is unprotected by a fire station.
FIRE PROTECTION	Sprinklers	Check the box (if applicable): Indicates the building is equipped with a fire sprinkler system.
FIRE PROTECTION	Heat Detectors	Check the box (if applicable): Indicates the building is equipped with a heat detector.
FIRE PROTECTION	Fire Extinguishers	Check the box (if applicable): Indicate that the residence is equipped with fire extinguisher(s).
FIRE PROTECTION	Smoke Detectors-Monitored	Check the box (if applicable): Indicates the building is equipped with a monitored smoke detector.
FIRE PROTECTION	Fire Alarm-Monitored	Check the box (if applicable): Indicates the building is equipped with a monitored fire alarm.

Section Name	Field Name	Field and/or Section Description
FIRE PROTECTION	Hose Reels	Check the box (if applicable): Indicates the building is equipped with hose reels.
FIRE PROTECTION	Smoke Detectors-Not Monitored	Check the box (if applicable): Indicates the building is equipped with a non-monitored smoke detector.
FIRE PROTECTION	Fire Alarm-Not Monitored	Check the box (if applicable): Indicates the building is equipped with a non-monitored fire alarm.
FIRE PROTECTION	None	Check the box (if applicable): Indicates there is no security.
FIRE PROTECTION	Security Fencing	Check the box (if applicable): Indicates the operational building security is a fenced structure.
FIRE PROTECTION	Deadlocks on Doors	Check the box (if applicable): Indicates residents' doors or windows contain deadbolts.
FIRE PROTECTION	Security Alarm- Monitored	Check the box (if applicable): Indicates the operational building security is a central station alarm.
FIRE PROTECTION	Local Alarm	Check the box (if applicable): Indicates the operational building security is a local alarm.
FIRE PROTECTION	Locks on External Windows Without Bars	Check the box (if applicable): Indicates residents' doors or windows contain lock pins.
FIRE PROTECTION	Electronic Keypad/Swipe Card Access	Check the box (if applicable): Indicates building access is obtained via a card key.
FIRE PROTECTION	External Lighting	Check the box (if applicable): Indicates external lighting exists for this location.
FIRE PROTECTION	Protection of Display Windows	Check the box (if applicable): Indicates display window protection exists at this location.
FIRE PROTECTION	CCTV System Installed	Check the box (if applicable): Indicates CCTV security exists at this location.
FIRE PROTECTION	Bollards in front of Glazing/Display Windows/Roller Shutters	Check the box (if applicable): Indicates the security is bollards are used in front of glazing/display windows /roller shutters.
FIRE PROTECTION	Bars on Windows	Check the box (if applicable): Indicates residents' windows contain bars.
FIRE PROTECTION	Watchmen Patrols	Check the box (if applicable): Indicates the guard/watchman is required to make some other type of rounds.
TYPE OF MONITORED ALARM	Dedicated Land Line	Check the box (if applicable): Indicates the alarm is a dedicated land line.
TYPE OF MONITORED ALARM	Dialler	Check the box (if applicable): Indicates the alarm is a dialler.
TYPE OF MONITORED ALARM	Digital with GSM Backup	Check the box (if applicable): Indicates the alarm is digital with a GSM backup.
TYPE OF MONITORED ALARM	Local- Not Monitored	Check the box (if applicable): Indicates the alarm is local that is not monitored.

Section Name	Field Name	Field and/or Section Description
TYPE OF MONITORED ALARM	Monitored Alarm with Line Interrogation and Security Patrol	Check the box (if applicable): Indicates the alarm is monitored with line interrogation and security patrol.
TYPE OF MONITORED ALARM	Monitored Alarm with Security Patrol Response	Check the box (if applicable): Indicates the alarm is monitored with security patrol.
TYPE OF MONITORED ALARM	Not Known	Check the box (if applicable): Indicates the alarm type is not known.
REMARKS	Remarks	Enter text: The Business Package Application for Insurance general remarks text.
PROPERTY	Building Sum Insured	Enter limit: The limit amount for building coverage.
PROPERTY	Building Excess Amount	Enter deductible: The deductible amount for the building. As used here, deductible is equivalent to excess amount.
PROPERTY	Contents Sum Insured	Enter limit: The limit amount for personal property coverage.
PROPERTY	Contents Excess Amount	Enter deductible: The deductible amount for the contents including plant and machinery. As used here, deductible is equivalent to excess amount.
PROPERTY	Stock Sum Insured	Enter limit: The sum insured for Property - Stock Including Customers' Goods.
PROPERTY	Stock Excess Amount	Enter deductible: The deductible for Property - Stock Including Customers' Goods. As used here, deductible is equivalent to excess amount.
PROPERTY	Accidental Damage Sum Insured	Enter limit: The sum insured for Property - Accidental Damage.
PROPERTY	Accidental Damage Excess Amount	Enter deductible: The deductible for Property - Accidental Damage-sublimit. As used here, deductible is equivalent to excess amount.
PROPERTY	Debris Removal Sum Insured	Enter limit: The total limit amount for debris removal coverage amount.
PROPERTY	Debris Removal Excess Amount	Enter deductible: The deductible amount for debris removal coverage. As used here, deductible is equivalent to excess amount.
PROPERTY	Rewriting of Records Sum Insured	Enter limit: The sum insured for Property - Rewriting of Records.
PROPERTY	Rewriting of Records Excess Amount	Enter deductible: The deductible for Property - Rewriting of Records. As used here, deductible is equivalent to excess amount.
PROPERTY	Flood Cover Required? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Flood Cover Required?".
PROPERTY	Category	Enter text: The category for this specified item.
PROPERTY	Description	Enter text: The description of the item.
PROPERTY	Value	Enter amount: The value for this specified item.
PROPERTY	Category	Enter text: The category for this specified item.
PROPERTY	Description	Enter text: The description of the item.
PROPERTY	Value	Enter amount: The value for this specified item.

Section Name	Field Name	Field and/or Section Description
PROPERTY	Category	Enter text: The category for this specified item.
PROPERTY	Description	Enter text: The description of the item.
PROPERTY	Value	Enter amount: The value for this specified item.
BUSINESS INTERRUPTION	Gross Revenue	Check the box (if applicable): Indicates the amount is Business Interruption Gross Revenue based.
BUSINESS INTERRUPTION	Weekly	Check the box (if applicable): Indicates the amount is Business Interruption weekly based.
BUSINESS INTERRUPTION	Insured Gross Profit	Check the box (if applicable): Indicates the amount is Business Interruption Insured Gross Profit based.
BUSINESS INTERRUPTION	Standalone AICOW	Check the box (if applicable): Indicates the amount is Business Interruption Standalone Additional Increased Cost Of Working.
BUSINESS INTERRUPTION	Sum Insured	Enter Limit: The sum insured for the Business Interruption coverage basis.
BUSINESS INTERRUPTION	Excess Amount	Enter amount: The excess for the Business Interruption coverage basis.
BUSINESS INTERRUPTION	Claims Preparation Costs Sum Insured	Enter limit: The sum insured for the Business Interruption Claims Preparation Cost Including Professional Fees.
BUSINESS INTERRUPTION	Claims Preparation Costs Excess Amount	Enter amount: The excess for the Business Interruption Claims Preparation Cost Including Professional Fees.
BUSINESS INTERRUPTION	Additional Increase in Cost of Working Sum Insured	Enter Limit: The sum insured for the Business Interruption Additional Increase in Cost Of Working.
BUSINESS INTERRUPTION	Additional Increase in Cost of Working Excess Amount	Enter amount: The excess for the Business Interruption Additional Increase in Cost Of Working.
BUSINESS INTERRUPTION	Outstanding Accounts Receivable Sum Insured	Enter limit: The sum insured for the Business Interruption Outstanding Accounts Receivable.
BUSINESS INTERRUPTION	Outstanding Accounts Receivable Excess Amount	Enter amount: The excess for the Business Interruption Outstanding Accounts Receivable.
BUSINESS INTERRUPTION	Loss of Rent Receivable Excess Amount	Enter limit: The sum insured for the Business Interruption Loss of Rent Receivable.
BUSINESS INTERRUPTION	Insured Payroll Percentage	Enter percentage: The percent of payroll insured.
BUSINESS INTERRUPTION	Insured Payroll Sum Insured	Enter amount: The amount of payroll insured.
BUSINESS INTERRUPTION	Indemnity Period	Enter number: The indemnity period in number of months.

Section Name	Field Name	Field and/or Section Description
BUSINESS INTERRUPTION	Uninsured Work Expenses	Enter amount: The amount of uninsured work expenses.
BUSINESS INTERRUPTION	Name	Enter text: The full name of the customer or supplier.
BUSINESS INTERRUPTION	Address	Enter text: The address line 1 for the customer or supplier.
BUSINESS INTERRUPTION	CITY	Enter text: The city name for the customer or supplier.
BUSINESS INTERRUPTION	State/Territory	Enter Code: The state for the customer or supplier.
BUSINESS INTERRUPTION	Postcode	Enter Code: The postcode for the customer or supplier.
BUSINESS INTERRUPTION	Country	Enter text: The country name for the customer or supplier.
BUSINESS INTERRUPTION	Percentage	Enter percentage: The percentage of business from this customer or supplier.
BUSINESS INTERRUPTION	Name	Enter text: The full name of the customer or supplier.
BUSINESS INTERRUPTION	Address	Enter text: The address line 1 for the customer or supplier.
BUSINESS INTERRUPTION	CITY	Enter text: The city name for the customer or supplier.
BUSINESS INTERRUPTION	State/Territory	Enter Code: The state for the customer or supplier.
BUSINESS INTERRUPTION	Postcode	Enter Code: The postcode for the customer or supplier.
BUSINESS INTERRUPTION	Country	Enter text: The country name for the customer or supplier.
BUSINESS INTERRUPTION	Percentage	Enter percentage: The percentage of business from this customer or supplier.
BUSINESS INTERRUPTION	Name	Enter text: The full name of the customer or supplier.
BUSINESS INTERRUPTION	Address	Enter text: The address line 1 for the customer or supplier.
BUSINESS INTERRUPTION	CITY	Enter text: The city name for the customer or supplier.

Section Name	Field Name	Field and/or Section Description
BUSINESS INTERRUPTION	State/Territory	Enter Code: The state for the customer or supplier.
BUSINESS INTERRUPTION	Postcode	Enter Code: The postcode for the customer or supplier.
BUSINESS INTERRUPTION	Country	Enter text: The country name for the customer or supplier.
BUSINESS INTERRUPTION	Percentage	Enter percentage: The percentage of business from this customer or supplier.
PUBLIC AND PRODUCTS LIABILITY	Limit of Liability Limit Amount	Enter limit: The limit amount for Public And Products Liability.
PUBLIC AND PRODUCTS LIABILITY	Limit of Liability Excess Amount	Enter amount: The excess amount for Public And Products Liability.
PUBLIC AND PRODUCTS LIABILITY	Goods in Care, Custody or Control Limit	Enter limit: The limit amount for Goods in care, custody or control.
PUBLIC AND PRODUCTS LIABILITY	Goods in Care, Custody or Control Excess Amount	Enter amount: The excess amount for Goods in care, custody or control.
PUBLIC AND PRODUCTS LIABILITY	Product Liability Sum Insured	Enter limit: The sum insured amount for product liability
PUBLIC AND PRODUCTS LIABILITY	Annual Turnover	Enter amount: The turnover amount for this good.
PUBLIC AND PRODUCTS LIABILITY	Property Value	Enter amount: The value of the property.
PUBLIC AND PRODUCTS LIABILITY	Import Goods Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Import Goods?".
PUBLIC AND PRODUCTS LIABILITY	Export Goods Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Export Goods?".
PUBLIC AND PRODUCTS LIABILITY	Import/Export	Enter Code: The codes "I" for Import, "E" for Export.
PUBLIC AND PRODUCTS LIABILITY	Description	Enter text: The description for this imported or exported good.
PUBLIC AND PRODUCTS LIABILITY	Country	Enter text: The country name to which or from which this good is imported or exported.
PUBLIC AND PRODUCTS LIABILITY	Turnover	Enter amount: The turnover amount for this good.
PUBLIC AND PRODUCTS LIABILITY	Import/Export	Enter Code: The codes "I" for Import, "E" for Export.

Section Name	Field Name	Field and/or Section Description
PUBLIC AND PRODUCTS LIABILITY	Description	Enter text: The description for this imported or exported good.
PUBLIC AND PRODUCTS LIABILITY	Country	Enter text: The country name to which or from which this good is imported or exported.
PUBLIC AND PRODUCTS LIABILITY	Turnover	Enter amount: The turnover amount for this good.
PUBLIC AND PRODUCTS LIABILITY	Import/Export	Enter Code: The codes "I" for Import, "E" for Export.
PUBLIC AND PRODUCTS LIABILITY	Description	Enter text: The description for this imported or exported good.
PUBLIC AND PRODUCTS LIABILITY	Country	Enter text: The country name to which or from which this good is imported or exported.
PUBLIC AND PRODUCTS LIABILITY	Turnover	Enter amount: The turnover amount for this good.
PUBLIC AND PRODUCTS LIABILITY	Property Owner Only?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Property Owner Only?".
PUBLIC AND PRODUCTS LIABILITY	Engage Sub-Contractors? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Engage sub-contractors?".
PUBLIC AND PRODUCTS LIABILITY	Amount Paid	Enter amount: The amount paid to sub contractors.
PUBLIC AND PRODUCTS LIABILITY	Labour Hire? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Labor hire?".
PUBLIC AND PRODUCTS LIABILITY	# of Wages	Enter number: The number of wages paid.
PUBLIC AND PRODUCTS LIABILITY	Work Type	Enter text: A description of the work type.
BURGLARY	Contents Including Stock Sum Insured	Enter limit: The sum insured for Burglary Contents Including Stock.
BURGLARY	Contents Including Stock Excess Amount	Enter amount: The excess for Burglary Contents Including Stock.
BURGLARY	Contents Excluding Stock Sum Insured	Enter limit: The sum insured for Burglary Contents Excluding Stock.
BURGLARY	Contents Excluding Stock Excess Amount	Enter amount: The excess for Burglary Contents Excluding Stock.
BURGLARY	Stock, Including Customers' Goods Sum Insured	Enter limit: The sum insured for Burglary Stock Including Customers' Goods.

Section Name	Field Name	Field and/or Section Description
BURGLARY	Stock, Including Customers' Goods Excess Amount	Enter amount: The excess for Burglary Stock Including Customers' Goods.
BURGLARY	Alcohol Sum Insured	Enter limit: The sum insured for Burglary Alcohol.
BURGLARY	Alcohol Excess Amount	Enter amount: The excess amount for Burglary Alcohol.
BURGLARY	Tobacco and Cigarettes Sum Insured	Enter limit: The sum insured for Burglary Tobacco and Cigarettes.
BURGLARY	Tobacco and Cigarettes Excess Amount	Enter amount: The excess amount for Burglary Tobacco and Cigarettes.
BURGLARY	Theft Without Forcible Entry Sum Insured	Enter limit: The sum insured for Burglary Theft Without Forcible Entry.
BURGLARY	Theft Without Forcible Entry Excess Amount	Enter amount: The excess amount for Burglary Theft Without Forcible Entry.
BURGLARY	Theft In Open Air Sum Insured	Enter Limit: The sum insured for Burglary Theft In Open Air.
BURGLARY	Theft In Open Air Excess Amount	Enter amount: The excess amount for Burglary Theft In Open Air.
BURGLARY	Category	Enter text: The category for this specified item.
BURGLARY	Description	Enter text: The description of the item.
BURGLARY	Value	Enter amount: The value for this specified item.
BURGLARY	Category	Enter text: The category for this specified item.
BURGLARY	Description	Enter text: The description of the item.
BURGLARY	Value	Enter amount: The value for this specified item.
BURGLARY	Category	Enter text: The category for this specified item.
BURGLARY	Description	Enter text: The description of the item.
BURGLARY	Value	Enter amount: The value for this specified item.
MONEY	Blanket Sum Insured	Enter limit: The sum insured for Money All Specified Covers Included.
MONEY	Blanket Excess Amount	Enter amount: The excess for Money All Specified Covers Included.
MONEY	In Transit Sum Insured	Enter limit: The sum insured for Money In Transit.
MONEY	In Transit Excess Amount	Enter amount: The excess amount for Money In Transit.
MONEY	On Premises During Business Hours Sum Insured	Enter limit: The sum insured for Money On Premises During Business Hours.
MONEY	On Premises During Business Hours Excess Amount	Enter amount: The excess for Money On Premises During Business Hours.
MONEY	On Premises Outside Business Hours Not in Locked Safe/Strongroom Sum Insured	Enter limit: The sum insured for Money On Premises Outside Business Hours Not in Locked Safe.

Section Name	Field Name	Field and/or Section Description
MONEY	On Premises Outside Business Hours Not in Locked Safe/Strongroom Excess Amount	Enter amount: The excess amount for Money On Premises Outside Business Hours Not in Locked Safe.
MONEY	On Premises Locked Safe/Strongroom Sum Insured	Enter limit: The sum insured for Money On Premises Locked Safe.
MONEY	On Premises Locked Safe/Strongroom Excess Amount	Enter amount: The excess amount for Money On Premises Locked Safe.
MONEY	Private Residence/Personal Custody Sum Insured	Enter limit: The sum insured for Money Private Residence Personal Custody.
MONEY	Private Residence/Personal Custody Excess Amount	Enter amount: The excess for Money Private Residence Personal Custody.
MONEY	Damage to Safe/Strongroom Sum Insured	Enter limit: The sum insured for Money Damage to Safe/Strongroom.
MONEY	Damage to Safe/Strongroom Excess Amount	Enter amount: The excess amount for Money Damage to Safe/Strongroom.
GLASS	Internal Glass? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Internal Glass?".
GLASS	External Glass? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "External Glass?".
GLASS	Single Front? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Single Front?".
GLASS	Double Front? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Double Front?".
GLASS	Multi Front? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Multi Front?".
GLASS	% Above Ground	Enter percentage: The percent of glass above ground.
GLASS	Max Limit	Enter limit: The sum insured for Glass or Electric Illuminated Advertising Signs.
GLASS	Excess Amount	Enter amount: The excess for Glass or Electric Illuminated Advertising Signs.
GENERAL PROPERTY	Worldwide Cover Included	Check the box (if applicable): Indicates if General Property Unspecified Items Worldwide Cover is included.
GENERAL PROPERTY	Theft of Property in the Open Air included	Check the box (if applicable): Indicates if General Property Theft of Property in Open Air is included.

Section Name	Field Name	Field and/or Section Description
GENERAL PROPERTY	Unspecified Damage restricted to Collision or Overturning of Carrying Vehicle	Check the box (if applicable): Indicates if General Property Unspecified Damage Restricted to Collision or Overturning of Carrying Vehicle is included.
GENERAL PROPERTY	Fire Cover Only	Check the box (if applicable): Indicates if General Property Fire Cover Only is included.
GENERAL PROPERTY	Fire and Theft Cover Only	Check the box (if applicable): Indicates if General Property Fire and Theft Cover Only is included.
GENERAL PROPERTY	Fire Cover Deleted	Check the box (if applicable): Indicates if General Property Fire Cover is Deleted.
GENERAL PROPERTY	Flood Cover Deleted	Check the box (if applicable): Indicates if General Property Flood Cover is Deleted.
GENERAL PROPERTY	Indemnity	Check the box (if applicable): Indicates if the settlement basis is indemnity.
GENERAL PROPERTY	Reinstatement	Check the box (if applicable): Indicates if the settlement basis is reinstatement.
GENERAL PROPERTY	Limit on Any One Item	Enter limit: The General Property limit any one item amount.
GENERAL PROPERTY	Total Sum Insured	Enter limit: The General Property total sum insured amount.
GENERAL PROPERTY	Excess Amount	Enter amount: The General Property excess amount.
GENERAL PROPERTY	Number	Enter identifier: The producer assigned identifier for the item.
GENERAL PROPERTY	Description	Enter text: The description of the item.
GENERAL PROPERTY	Model	Enter text: The manufacturer's model name or number for the item.
GENERAL PROPERTY	Serial Number	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
GENERAL PROPERTY	Sum Insured	Enter limit: The sum insured amount for this item.
GENERAL PROPERTY	Excess Amount	Enter amount: The excess amount for this item.
GENERAL PROPERTY	Number	Enter identifier: The producer assigned identifier for the item.
GENERAL PROPERTY	Description	Enter text: The description of the item.
GENERAL PROPERTY	Model	Enter text: The manufacturer's model name or number for the item.
GENERAL PROPERTY	Serial Number	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
GENERAL PROPERTY	Sum Insured	Enter limit: The sum insured amount for this item.
GENERAL PROPERTY	Excess Amount	Enter amount: The excess amount for this item.
GENERAL PROPERTY	Number	Enter identifier: The producer assigned identifier for the item.
GENERAL PROPERTY	Description	Enter text: The description of the item.
GENERAL PROPERTY	Model	Enter text: The manufacturer's model name or number for the item.
GENERAL PROPERTY	Serial Number	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
GENERAL PROPERTY	Sum Insured	Enter limit: The sum insured amount for this item.
GENERAL PROPERTY	Excess Amount	Enter amount: The excess amount for this item.
GENERAL PROPERTY	Number	Enter identifier: The producer assigned identifier for the item.

Section Name	Field Name	Field and/or Section Description
GENERAL PROPERTY	Description	Enter text: The description of the item.
GENERAL PROPERTY	Model	Enter text: The manufacturer's model name or number for the item.
GENERAL PROPERTY	Serial Number	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
GENERAL PROPERTY	Sum Insured	Enter limit: The sum insured amount for this item.
GENERAL PROPERTY	Excess Amount	Enter amount: The excess amount for this item.
MACHINERY BREAKDOWN	Machinery Blanket Cover # of Items:	Enter number: The number of items to which the blanket cover applies.
MACHINERY BREAKDOWN	Machinery Blanket Cover Limit Any One Loss	Enter limit: The limit for any one loss for Machinery Blanket Cover.
MACHINERY BREAKDOWN	Machinery Blanket Cover Excess Amount	Enter amount: The excess for Machinery Blanket Cover.
MACHINERY BREAKDOWN	Loss/Damage to Refrigerated Goods Limit Any One Loss	Enter limit: The limit for any one loss for Machinery Breakdown, Loss/Damage to Refrigerated Goods.
MACHINERY BREAKDOWN	Loss/Damage to Refrigerated Goods Excess Amount	Enter amount: The excess for Machinery Breakdown, Loss/Damage to Refrigerated Goods.
MACHINERY BREAKDOWN	Deterioration of Refrigerated Goods Limit Any One Loss	Enter limit: The limit for any one loss for Machinery Breakdown, Deterioration of Refrigerated Goods.
MACHINERY BREAKDOWN	Deterioration of Refrigerated Goods Excess Amount	Enter amount: The excess for Machinery Breakdown, Deterioration of Refrigerated Goods.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.

Section Name	Field Name	Field and/or Section Description
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.

Section Name	Field Name	Field and/or Section Description
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Number of Units	Enter number: The number of units of this property type.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
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MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
MACHINERY BREAKDOWN	Description	Enter text: The description of the item.
MACHINERY BREAKDOWN	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
ELECTRONIC EQUIPMENT	Computer and Electronic Devices Breakdown Limit Any One Loss	Enter limit: The limit for any one loss amount for Electronic Equipment - Computer and Electronic Devices Breakdown.
ELECTRONIC EQUIPMENT	Computer and Electronic Devices Breakdown Excess Amount	Enter amount: The Excess amount for Electronic Equipment - Computer and Electronic Devices Breakdown.
ELECTRONIC EQUIPMENT	Cost of Data Restoration Limit Any One Loss	Enter limit: The limit any one loss amount for Electronic Equipment - Cost of Data Restoration.
ELECTRONIC EQUIPMENT	Cost of Data Restoration Excess Amount	Enter amount: The Excess amount for Electronic Equipment - Cost of Data Restoration.
ELECTRONIC EQUIPMENT	Claims Preparation Cost Limit Any One Loss	Enter limit: The limit any one loss amount for Electronic Equipment - Claims Preparation Cost.

Section Name	Field Name	Field and/or Section Description
ELECTRONIC EQUIPMENT	Claims Preparation Cost Excess Amount	Enter amount: The Excess amount for Electronic Equipment - Claims Preparation Cost.
ELECTRONIC EQUIPMENT	Loss of Income Limit Any One Loss	Enter limit: The limit any one loss amount for Electronic Equipment - Loss Of Income.
ELECTRONIC EQUIPMENT	Loss of Income Excess Amount	Enter amount: The Excess amount for Electronic Equipment - Loss Of Income.
ELECTRONIC EQUIPMENT	Increased Cost of Indemnity Period # of Months	Enter limit: Limit any one loss amount for Electronic Equipment - Increased Cost Of Work.
ELECTRONIC EQUIPMENT	Increased Cost of Indemnity Period Limit Any One Loss	Enter amount: The Excess amount for Electronic Equipment - Increased Cost Of Work.
ELECTRONIC EQUIPMENT	Increased Cost of Indemnity Period Excess Amount	Enter number: The Increased Cost Of Work for the Indemnity Period in number of months.
ELECTRONIC EQUIPMENT	Description	Enter text: The description of the item.
ELECTRONIC EQUIPMENT	Number of Units	Enter number: The number of units of this property type.
ELECTRONIC EQUIPMENT	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
ELECTRONIC EQUIPMENT	Description	Enter text: The description of the item.
ELECTRONIC EQUIPMENT	Number of Units	Enter number: The number of units of this property type.
ELECTRONIC EQUIPMENT	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
ELECTRONIC EQUIPMENT	Description	Enter text: The description of the item.
ELECTRONIC EQUIPMENT	Number of Units	Enter number: The number of units of this property type.
ELECTRONIC EQUIPMENT	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
ELECTRONIC EQUIPMENT	Description	Enter text: The description of the item.
ELECTRONIC EQUIPMENT	Number of Units	Enter number: The number of units of this property type.
ELECTRONIC EQUIPMENT	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
ELECTRONIC EQUIPMENT	Description	Enter text: The description of the item.
ELECTRONIC EQUIPMENT	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
ELECTRONIC EQUIPMENT	Description	Enter text: The description of the item.
ELECTRONIC EQUIPMENT	Value	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model.
EMPLOYEE FRAUD	Total Employees Full Time	Enter number: The number of full time employees.
EMPLOYEE FRAUD	Total Employees Casual/Part Time	Enter number: The number of part time employees.

Section Name	Field Name	Field and/or Section Description
EMPLOYEE FRAUD	Employees (Internal) Handle Cash/Negotiable Instr Full Time	Enter number: The number of full time internal employees that handle cash or negotiable instruments.
EMPLOYEE FRAUD	Employees (Internal) Handle Cash/Negotiable Instr Casual/Part Time	Enter number: The number of part time internal employees that handle cash or negotiable instruments.
EMPLOYEE FRAUD	Employees (External) Handle Cash/Negotiable Instr Full Time	Enter number: The number of full time external employees that handle cash or negotiable instruments.
EMPLOYEE FRAUD	Employees (External) Handle Cash/Negotiable Instr Casual/Part Time	Enter number: The number of part time external employees that handle cash or negotiable instruments.
EMPLOYEE FRAUD	Limit Any One Employee Limit	Enter limit: The limit amount for any one employee.
EMPLOYEE FRAUD	Limit Any One Employee Excess Amount	Enter amount: The excess amount for any one employee.
EMPLOYEE FRAUD	Limit Any One Period of Insurance Limit	Enter limit: The limit amount for any one period of insurance.
EMPLOYEE FRAUD	Limit Any One Period of Insurance Excess Amount	Enter amount: The excess amount for an one period of insurance.
EMPLOYEE FRAUD	Operate Tab Services or Poker Machines (Internal) Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Internal employees operate tab services or poker machines?".
EMPLOYEE FRAUD	Operate Tab Services or Poker Machines (External) Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "External employees operate tab services or poker machines?".
OTHER INSURANCE DETAILS	Have you or any Director/Partner/Manager of the business ever had insurance denied or cancelled? Y/N	Enter code: Indicates the response to the question, "Have you or any Director / Partner / Manager of the business ever had insurance declined or cancelled?".
OTHER INSURANCE DETAILS	Explanation	Enter text: An explanation of any director/ partner or manager of the business who has ever had their insurance declined or cancelled.
OTHER INSURANCE DETAILS	Have you or any Director/Partner/Manager of the business ever had and insurer cancel, refuse or non invite renewal, impose special conditions or deny any claim? Y/N	Enter code: Indicates the response to the question, "Have you or any Director / Partner / Manager of the business ever had an insurer cancel, refuse or non invite renewal, impose special conditions or deny any claim?".

Section Name	Field Name	Field and/or Section Description
OTHER INSURANCE DETAILS	Explanation	Enter text: An explanation of any director/ partner or manager of the business who ever had an insurer cancel, refuse or non invite renewal, impose special conditions or deny any claim.
OTHER INSURANCE DETAILS	Have you or any Director/Partner/Manager of the business ever been declared bankrupt or put into receivership or liquidation? Y/N	Enter code: Indicates the response to the question, "Have you or any Director / Partner / Manager of the business ever been declared bankrupt or put into receivership or liquidation?".
OTHER INSURANCE DETAILS	Explanation	Enter text: An explanation of any director/ partner or manager of the business who had been declared bankrupt or put into receivership or liquidation.
OTHER INSURANCE DETAILS	Have you or any Director/Partner/Manager of the business ever been charged with or convicted of a criminal offence? Y/N	Enter code: Indicates the response to the question, "Have you or any Director / Partner / Manager of the business ever been charged with or convicted of a criminal offence?".
OTHER INSURANCE DETAILS	Explanation	Enter text: An explanation of any director/ partner or manager of the business who has ever been charged with or convicted of a criminal offense.
CLAIMS HISTORY	In the last three (3) years, have you sustained a loss or damage (insured or not) of a type against for which cover is now being sought? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there have been any losses at any location, whether paid or not paid by insurance, in the last mandated number of years.
CLAIMS HISTORY	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
CLAIMS HISTORY	Insurer	Enter text: The name of the insurance carrier at the time of loss.
CLAIMS HISTORY	Loss Amount	Enter amount: The amount that has been paid on this claim to date.
CLAIMS HISTORY	Details	Enter text: A brief description of the loss.
CLAIMS HISTORY	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
CLAIMS HISTORY	Insurer	Enter text: The name of the insurance carrier at the time of loss.
CLAIMS HISTORY	Loss Amount	Enter amount: The amount that has been paid on this claim to date.
CLAIMS HISTORY	Details	Enter text: A brief description of the loss.
CLAIMS HISTORY	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
CLAIMS HISTORY	Insurer	Enter text: The name of the insurance carrier at the time of loss.
CLAIMS HISTORY	Loss Amount	Enter amount: The amount that has been paid on this claim to date.

Section Name	Field Name	Field and/or Section Description
CLAIMS HISTORY	Details	Enter text: A brief description of the loss.
CLAIMS HISTORY	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
CLAIMS HISTORY	Insurer	Enter text: The name of the insurance carrier at the time of loss.
CLAIMS HISTORY	Loss Amount	Enter amount: The amount that has been paid on this claim to date.
CLAIMS HISTORY	Details	Enter text: A brief description of the loss.
DECLARATIONS	Declarations	Enter text: Enter either standard or company specific declarations.
SIGNATURE	Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies listed on the document. This is required in most states.
SIGNATURE	Date	Enter date: The date the producer signed the form.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).