

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 74 (2009/09)</b>	<b>Residence Based Business Supplement to Residential Section</b>	The title of the form. The ACORD 74, Residence Based Business is used as a supplement to any personal property insurance application, when there is a business located on the premises. Refer to your company for rules of use.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location. As used here, the location number of the risk's location as it appears on ACORD 88, Personal Insurance Application, Applicant Information Section.
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>IDENTIFICATION SECTION</b>	<b>Named Insured(s)</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>DBA:</b>	Enter text: The name by which an organization is doing business. As used here, if the insured is an individual or partnership doing business under an assumed name, enter the name of the business.
<b>APPLICANT INFORMATION</b>	<b>Individual (Checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Individual".
<b>APPLICANT INFORMATION</b>	<b>Partnership (Checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
<b>APPLICANT INFORMATION</b>	<b>Corporation (Checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
<b>APPLICANT INFORMATION</b>	<b>Limited Corporation (Checkbox)</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Limited Liability Corporation".

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APPLICANT INFORMATION	Joint Venture (Checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".
APPLICANT INFORMATION	Other (Checkbox)	Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.
APPLICANT INFORMATION	Describe Other	Enter text: The description of the legal entity if not listed on the form. As used here, provide a description of "other", such as Professional Association or a Limited Liability Company. If there is more than one Named Insured, provide the form of business organization for each. In the Remarks section list each Named Insured along with its form of organization (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)
APPLICANT INFORMATION	GL Code	Enter code: The code identifying the general liability nature of business for the insured. The source of this code list is the Insurance Services Office Commercial Lines Manual (CLM) or individual insurer rate manuals.
APPLICANT INFORMATION	NAICS Code	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the business activity (if known).
APPLICANT INFORMATION	Federal ID #	Enter identifier: The tax identifier of the named insured.
APPLICANT INFORMATION	Inspection Contact	Enter text: The name of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
APPLICANT INFORMATION	Phone (A/C, No., Ext.):	Enter number: The telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment.
NATURE OF BUSINESS	Office (Checkbox)	Check the box (if applicable): Indicates the nature of business is an office.
NATURE OF BUSINESS	Service (Checkbox)	Check the box (if applicable): Indicates the nature of business is service.
NATURE OF BUSINESS	Retail (Checkbox)	Check the box (if applicable): Indicates the nature of business is retail.
NATURE OF BUSINESS	Wholesale (Checkbox)	Check the box (if applicable): Indicates the nature of business is wholesale.
NATURE OF BUSINESS	Crafts (Checkbox)	Check the box (if applicable): Indicates the nature of business is crafts.
NATURE OF BUSINESS	Other (Checkbox)	Check the box (if applicable): Indicates the nature of business is other than those listed.
NATURE OF BUSINESS	Other Description	Enter text: The description of the nature/type of business.
NATURE OF BUSINESS	Date Business Started	Enter date: The date the current owners purchased or started the business.
NATURE OF BUSINESS	Class Code	Enter code: The industry code that identifies the exposure. This code is derived from Insurance Services Office or a company code list.
NATURE OF BUSINESS	Sq. Ft. Used	Enter number: The area, in square feet, of the building that is used for business purposes.

Section Name	Field Name	Field and/or Section Description
NATURE OF BUSINESS	Annual Sales/Receipts \$	Enter amount: The total annual gross sales or receipts.
NATURE OF BUSINESS	Total Payroll \$	Enter amount: The total annual payroll of the business in whole dollars.
NATURE OF BUSINESS	List Names of Owners/Operators	Enter text: The additional interest's full name.
NATURE OF BUSINESS	# Visitors per Week	Enter number: The number of visitors the business normally receives per week.
NATURE OF BUSINESS	# Of Employees Full Time	Enter number: The number of full time employees.
NATURE OF BUSINESS	# Of Employees Part Time	Enter number: The number of part time employees.
NATURE OF BUSINESS	Business Opening Time	Enter time: The starting time for the normal business day.
NATURE OF BUSINESS	Business Closing Time	Enter time: The closing time for the normal business day.
NATURE OF BUSINESS	Description of Business	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). As used here, this section is designed to tell the underwriter what business each applicant performs and the way it is conducted. The section should be completed in enough detail to enable the underwriter to understand and classify the business.
NATURE OF BUSINESS	# of Business Losses (Past 3 Years)	Enter number: The number of business losses that occurred for the past specified number of years. As used here, enter the details of the losses on the ACORD 88 - Personal Insurance Application Applicant Information Section.
PROPERTY COVERAGES	Business Related Structure - Limit	Enter limit: The limit amount for business related structure coverage.
PROPERTY COVERAGES	Business Related Structure - Deductible	Enter deductible: The deductible amount for business related structure coverage.
PROPERTY COVERAGES	Business Related Structure - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC ..... Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGES	Business Related Structure - Form Number	Enter identifier: The number used by the insurer for the business related structure form.
PROPERTY COVERAGES	Business Related Structure - Form Date	Enter date: The edition date of the form used by the insurer for the business related structure.
PROPERTY COVERAGES	Business Related Structure - Premium	Enter amount: The premium amount for the business related structure coverage.
PROPERTY COVERAGES	Business Personal Property - Limit	Enter limit: The limit amount for business personal property coverage.

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGES	Business Personal Property - Deductible	Enter deductible: The deductible amount for business personal property coverage.
PROPERTY COVERAGES	Business Personal Property - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC. .... Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGES	Business Personal Property - Form Number	Enter identifier: The number used by the insurer for the business personal property form.
PROPERTY COVERAGES	Business Personal Property - Form Date	Enter date: The edition date of the form used by the insurer for business related personal property.
PROPERTY COVERAGES	Business Personal Property - Premium	Enter amount: The premium amount for the business personal property coverage.
PROPERTY COVERAGES	Property Other	Enter text: The description of the coverage.
PROPERTY COVERAGES	Property Other - Limit	Enter limit: The limit amount for the coverage.
PROPERTY COVERAGES	Property Other - Deductible	Enter deductible: The deductible amount for the coverage.
PROPERTY COVERAGES	Property Other - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC. .... Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGES	Property Other - Form Number	Enter identifier: The number used by the insurer for the form associated with the coverage.
PROPERTY COVERAGES	Property Other - Form Date	Enter date: The edition date of the form used by the insurer for the coverage.
PROPERTY COVERAGES	Property Other - Premium	Enter amount: The premium amount associated with the coverage.
PROPERTY COVERAGES	Property Other	Enter text: The description of the coverage.
PROPERTY COVERAGES	Property Other - Limit	Enter limit: The limit amount for the coverage.
PROPERTY COVERAGES	Property Other - Deductible	Enter deductible: The deductible amount for the coverage.

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGES	Property Other - Valuation	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC.....Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGES	Property Other - Form Number	Enter identifier: The number used by the insurer for the form associated with the coverage.
PROPERTY COVERAGES	Property Other - Form Date	Enter date: The edition date of the form used by the insurer for the coverage.
PROPERTY COVERAGES	Property Other - Premium	Enter amount: The premium amount associated with the coverage.
LIABILITY COVERAGES	Combined Single Limit	Enter limit: The limit amount for combined single limit coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
LIABILITY COVERAGES	Combined Single Limit - Form Number	Enter identifier: The number used by the insurer for the form associated with combined single limit coverage.
LIABILITY COVERAGES	Combined Single Limit - Form Date	Enter date: The edition date of the form used by the insurer for combined single limit coverage.
LIABILITY COVERAGES	Combined Single Limit - Premium	Enter amount: The premium amount for combined single limit coverage.
LIABILITY COVERAGES	Bodily Injury Occurrence - Limit	Enter limit: The each occurrence limit amount for bodily injury coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
LIABILITY COVERAGES	Bodily Injury Aggregate - Limit	Enter limit: The limit amount for bodily injury coverage.
LIABILITY COVERAGES	Bodily Injury - Form Number	Enter identifier: The number used by the insurer for the form associated with bodily injury coverage.
LIABILITY COVERAGES	Bodily Injury - Form Date	Enter date: The edition date of the form used by the insurer for bodily injury coverage.
LIABILITY COVERAGES	Bodily Injury - Premium	Enter amount: The premium amount for bodily injury coverage.
LIABILITY COVERAGES	Property Damage - Limit	Enter limit: The limit amount for the property damage coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.

Section Name	Field Name	Field and/or Section Description
LIABILITY COVERAGES	Property Damage - Form Number	Enter identifier: The number used by the insurer for the form associated with property damage coverage.
LIABILITY COVERAGES	Property Damage - Form Date	Enter date: The edition date of the form used by the insurer for property damage coverage.
LIABILITY COVERAGES	Property Damage - Premium	Enter amount: The premium amount for property damage coverage.
LIABILITY COVERAGES	Products/Compl. Operations Occurrence - Limit	Enter limit: The each occurrence limit amount for products and completed operations coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
LIABILITY COVERAGES	Products/Compl. Operations - Aggregate Limit	Enter limit: The limit amount for products and completed operations coverage.
LIABILITY COVERAGES	Products/Compl. Operations - Form Number	Enter identifier: The number used by the insurer for the form associated with products and completed operations coverage.
LIABILITY COVERAGES	Products/Compl. Operations - Form Date	Enter date: The edition date of the form used by the insurer for products and completed operations coverage.
LIABILITY COVERAGES	Products/Compl. Operations - Premium	Enter amount: The premium amount for products and completed operations coverage.
LIABILITY COVERAGES	Damage to Rented Premises - Limit	Enter limit: The limit amount for fire damage to rented premises coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
LIABILITY COVERAGES	Damage to Rented Premises - Form Number	Enter identifier: The number used by the insurer for the form associated with fire damage to rented premises coverage.
LIABILITY COVERAGES	Damage to Rented Premises - Form Date	Enter date: The edition date of the form used by the insurer for fire damage to rented premises coverage.
LIABILITY COVERAGES	Damage to Rented Premises - Premium	Enter amount: The premium amount for fire damage to rented premises coverage.
LIABILITY COVERAGES	Medical Expense Per Person - Limit	Enter limit: The limit amount for medical expense coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
LIABILITY COVERAGES	Medical Expense Per Person - Form Number	Enter identifier: The number used by the insurer for the form associated with medical expense coverage.
LIABILITY COVERAGES	Medical Expense Per Person - Form Date	Enter date: The edition date of the form used by the insurer for medical expense coverage.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>LIABILITY COVERAGES</b>	<b>Medical Expense Per Person - Premium</b>	Enter amount: The premium amount for medical expense coverage.
<b>LIABILITY COVERAGES</b>	<b>Hired Auto - Limit</b>	Enter limit: The limit amount for hired auto coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
<b>LIABILITY COVERAGES</b>	<b>Hired Auto - Form Number</b>	Enter identifier: The number used by the insurer for the form associated with hired auto coverage.
<b>LIABILITY COVERAGES</b>	<b>Hired Auto - Form Date</b>	Enter date: The edition date of the form used by the insurer for hired auto coverage.
<b>LIABILITY COVERAGES</b>	<b>Hired Auto - Premium</b>	Enter amount: The premium amount for hired auto coverage.
<b>LIABILITY COVERAGES</b>	<b>Non-owned Auto - Limit</b>	Enter limit: The limit amount for non-owned auto coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
<b>LIABILITY COVERAGES</b>	<b>Non-owned Auto - Form Number</b>	Enter identifier: The number used by the insurer for the form associated with non-owned auto coverage.
<b>LIABILITY COVERAGES</b>	<b>Non-owned Auto - Form Date</b>	Enter date: The edition date of the form used by the insurer for non-owned auto coverage.
<b>LIABILITY COVERAGES</b>	<b>Non-owned Auto - Premium</b>	Enter amount: The premium amount for non-owned auto coverage.
<b>LIABILITY COVERAGES</b>	<b>Employee Benefits - Limit</b>	Enter limit: The limit amount for employee benefits coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
<b>LIABILITY COVERAGES</b>	<b>Employee Benefits - Form Number</b>	Enter identifier: The number used by the insurer for the form associated with employee benefits coverage.
<b>LIABILITY COVERAGES</b>	<b>Employee Benefits - Form Date</b>	Enter date: The edition date of the form used by the insurer for employee benefits coverage.
<b>LIABILITY COVERAGES</b>	<b>Employee Benefits - Premium</b>	Enter amount: The premium amount for employee benefits coverage.
<b>LIABILITY COVERAGES</b>	<b>Liability Other Coverage</b>	Enter text: The description of the coverage.
<b>LIABILITY COVERAGES</b>	<b>Liability Other Limit</b>	Enter limit: The limit amount for the coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
<b>LIABILITY COVERAGES</b>	<b>Liability Other Form Number</b>	Enter identifier: The number used by the insurer for the form associated with the coverage.
<b>LIABILITY COVERAGES</b>	<b>Liability Other Form Date</b>	Enter date: The edition date of the form used by the insurer for the coverage.

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LIABILITY COVERAGES	Liability Other Premium	Enter amount: The premium amount associated with the coverage.
LIABILITY COVERAGES	Liability Other Coverage	Enter text: The description of the coverage.
LIABILITY COVERAGES	Liability Other Limit	Enter limit: The limit amount for the coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
LIABILITY COVERAGES	Liability Other Form Number	Enter identifier: The number used by the insurer for the form associated with the coverage.
LIABILITY COVERAGES	Liability Other Form Date	Enter date: The edition date of the form used by the insurer for the coverage.
LIABILITY COVERAGES	Liability Other Premium	Enter amount: The premium amount associated with the coverage.
LIABILITY COVERAGES	Liability Other Coverage	Enter text: The description of the coverage.
LIABILITY COVERAGES	Liability Other Limit	Enter limit: The limit amount for the coverage. As used here, list all limits as they will appear in the policy. Show limits in whole dollars. Several formats are included here for the collection of liability limits. Complete only those items that match the format of the program you are using to write the policy.
LIABILITY COVERAGES	Liability Other Form Number	Enter identifier: The number used by the insurer for the form associated with the coverage.
LIABILITY COVERAGES	Liability Other Form Date	Enter date: The edition date of the form used by the insurer for the coverage.
LIABILITY COVERAGES	Liability Other Premium	Enter amount: The premium amount associated with the coverage.
DEDUCTIBLES	Deductible Basis Per Claim	Check the box (if applicable): Indicates that a per claim deductible applies to individual claims even if the claims are all related to the same occurrence or event.
DEDUCTIBLES	Deductible Basis Per Occurrence	Check the box (if applicable): Indicates that a per occurrence deductible applies once to each occurrence no matter how many individual claims result from the occurrence or event.
DEDUCTIBLES	Property Damage	Enter amount: The deductible amount for the property damage coverage.
DEDUCTIBLES	Bodily Injury	Enter amount: The deductible amount for the bodily injury coverage.
DEDUCTIBLES	Other Deductible	Enter text: The description of the coverage.
DEDUCTIBLES	Other Deductible Amount	Enter deductible: The deductible amount for the coverage.
GENERAL INFORMATION	1. Any business conducted at any other location?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any business conducted at any other location?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION	2. Do you lease 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		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.



Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	3. Any workers compensation carried?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any Workers Compensation carried?".
GENERAL INFORMATION	NAIC Code	Enter code: The NAIC code of the insurance company that issued the policy.
GENERAL INFORMATION	Carrier	Enter text: The insurer name on any other applicable insurance.
GENERAL INFORMATION	Policy Number	Enter identifier: The policy number on any other applicable insurance.
GENERAL INFORMATION	4. 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		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
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. As used here, the location number of the risk's location as it appears on ACORD 88, Personal Insurance Application, Applicant Information Section.
GENERAL INFORMATION (continued)	5. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant a subsidiary or another entity or does the applicant have subsidiaries?".
GENERAL INFORMATION (continued)	Parent Company Name	Enter text: The name of the parent organization.
GENERAL INFORMATION (continued)		Enter text: The description of what business the parent organization performs and the way it is conducted.
GENERAL INFORMATION (continued)	6. Does the applicant have any subsidiaries?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have subsidiaries?".
GENERAL INFORMATION (continued)	Subsidiary Company Name	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
GENERAL INFORMATION (continued)	Description of Operations	Enter text: The description of what business the subsidiary organization performs and the way it is conducted.
GENERAL INFORMATION (continued)	6. Does the business involve the use or storage of petroleum-based products, paint, fertilizer, pesticides or other hazardous material or pollutants?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the business involve the use or storage of petroleum-based products, paint, fertilizer, pesticides or other hazardous material or pollutants?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION (continued)	7. Has any applicant filed for bankruptcy (Business or Personal) in the last five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant filed for bankruptcy (business or personal) in the last specified number of years?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	8. Any products directly imported or exported outside the U.S., Puerto Rico or Canada?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any products directly imported or exported outside the U.S., Puerto Rico or Canada?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	9. Any products repackaged, modified or mixed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any products repackaged, modified, or mixed?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	10. Any used items sold?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any used items sold?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	11. Do you distribute your products or services by means of the internet?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you distribute your products or services by means of the internet?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	12. Does your company maintain or support an internet website?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does your company maintain an internet website?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	13. Does the business involve demonstration of any products?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the business involve demonstration of any products?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION (continued)	14. Is the business run from a distinctly separate area in the residence from household activities?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the business run from a distinctly separate are in the residence from household activities?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	15. Are you or any resident a professional entertainer, athlete, media personality, state or federal political figure? (Not applicable in NC)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are you or any resident a professional entertainer, athlete, media personality, state or federal political figure? (Not applicable in North Carolina)".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	16. Other than computer systems or office equipment, do you install or service any products off premises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Other than computer systems or office equipment, do you install or service any products off premises?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	17. Are all exterior doors equipped with deadbolt locks or comparable slider locks?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are all exterior doors equipped with deadbolt locks or comparable slider locks?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	18. If a financial planner or consultant, do you have discretionary trading authority and/or access to customers data and/or funds?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "If a financial planner or consultant, do you have discretionary trading authority and/or access to customer's data and/or funds?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
GENERAL INFORMATION (continued)	19. If involved in real estate, do you manage property for others?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "If involved in real estate, do you manage property for others?".
GENERAL INFORMATION (continued)		Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The remarks associated with the residence based business.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).