

ACORD 810 (2014/12) - Business Income / Extra Expense / Rental Value

ACORD 810, Business Income / Extra Expense / Rental Value, should be used as a supplement to ACORD 140, Property Section, when any form of Business Income, Extra Expense or Rental Value coverage is to be provided.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Applicant (First Name Insured)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
PREMISES INFORMATION	Premises #	Enter number: The location number for the premises.
PREMISES INFORMATION	Building #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES INFORMATION	Business Income / Extra Expense	Check the box (if applicable): Indicates business income with extra expense coverage applies to a specific premises.
PREMISES INFORMATION	Business Income W/O Extra Expense	Check the box (if applicable): Indicates business income without extra expense coverage applies to a specific premises.
PREMISES INFORMATION	Extra Expense	Check the box (if applicable): Indicates extra expense coverage applies to a specific premises.
PREMISES INFORMATION	Business Income / Rental Value	Check the box (if applicable): Indicates business income with rental value included coverage applies to a specific premises.
PREMISES INFORMATION	Rental Value	Check the box (if applicable): Indicates rental value coverage applies to a specific premises.

PREMISES INFORMATION	Type of Business Non Mfg	Check the box (if applicable): Indicates the nature of business is non-manufacturing.
PREMISES INFORMATION	Type of Business Mfg	Check the box (if applicable): Indicates the nature of business is manufacturing.
PREMISES INFORMATION	Type of Business Mining	Check the box (if applicable): Indicates the nature of business is mining.
PREMISES INFORMATION	Type of Business % Coins	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PREMISES INFORMATION	Ordinary Payroll Excl	Check the box (if applicable): Indicates Ordinary Payroll coverage is excluded.
PREMISES INFORMATION	Ordinary Payroll 90 Days	Check the box (if applicable): Indicates Ordinary Payroll coverage is excluded for 90 days.
PREMISES INFORMATION	Ordinary Payroll 180 Days	Check the box (if applicable): Indicates Ordinary Payroll coverage is excluded for 180 days.
PREMISES INFORMATION	Ordinary Payroll Other	Check the box (if applicable): Indicates Ordinary Payroll coverage is excluded for a number of days other than those listed.
PREMISES INFORMATION	Ordinary Payroll Other Description	Enter number: The number of days for the Ordinary Payroll exclusion.
PREMISES INFORMATION	Ordinary Payroll Other	Check the box (if applicable): Indicates Ordinary Payroll coverage is excluded for a payroll amount.
PREMISES INFORMATION	Ordinary Payroll Amount	Enter amount: The amount of Ordinary Payroll to be excluded from coverage.
PREMISES INFORMATION	Ordinary Payroll Inc	Check the box (if applicable): Indicates Ordinary Payroll coverage is included.
PREMISES INFORMATION	Ext Period	Check the box (if applicable): Indicates Extended Period of Indemnity coverage applies.
PREMISES INFORMATION	Days	Enter number: The number of days the indemnity period is extended.
PREMISES INFORMATION	Mo Period	Check the box (if applicable): Indicates monthly period of indemnity coverage applies.
PREMISES INFORMATION	Limits	Enter amount: The monthly period of indemnity limit amount.
PREMISES INFORMATION	Max Period	Check the box (if applicable): Indicates maximum period of indemnity coverage applies.
PREMISES INFORMATION	Other	Enter amount: The maximum period of indemnity limit amount.
PREMISES INFORMATION	Days Period Rest	Enter number: The period of restoration, in days, selected.
PREMISES INFORMATION	Limit Loss Pay %	Enter percentage: The loss payment percentage limitation selected.
PREMISES INFORMATION	Limit Loss Pay %	Enter percentage: The loss payment percentage limitation selected.
PREMISES INFORMATION	Limit Loss Pay %	Enter percentage: The loss payment percentage limitation selected.
PREMISES INFORMATION	Limit Loss Pay %	Enter percentage: The loss payment percentage limitation selected.

PREMISES INFORMATION	Power / Heat	Check the box (if applicable): Indicates a Power, Heat and Refrigeration deduction applies to the premises.
PREMISES INFORMATION	Deduction	Enter amount: The amount of the Power, Heat and Refrigeration deduction for the premises.
PREMISES INFORMATION	Elec Media	Check the box (if applicable): Indicates EDP data / media coverage applies to a specific premises.
PREMISES INFORMATION	Days	Enter number: The number of days the Electronic Data Processing equipment and media coverage is to be extended.
PREMISES INFORMATION	Ord or Law	Check the box (if applicable): Indicates building ordinance or law coverage applies to a specific premises.
PREMISES INFORMATION	Days	Enter number: The number of days Building Ordinance or Law coverage is applicable.
PREMISES INFORMATION	Civil Authority	Check the box (if applicable): Indicates Civil Authority coverage applies to a specific premises.
PREMISES INFORMATION	Days	Enter number: The number of days Civil Authority coverage is applicable.
PREMISES INFORMATION	Off Prem Power	Check the box (if applicable): Indicates Off Premises Power coverage applies to this premises.
PREMISES INFORMATION	Power	Check the box (if applicable): Indicates Off Premises Power coverage applies to power.
PREMISES INFORMATION	Water	Check the box (if applicable): Indicates Off Premises Power coverage applies to water.
PREMISES INFORMATION	Comm Describe Below	Check the box (if applicable): Indicates Off Premises Power coverage applies to communications.
PREMISES INFORMATION	Tuition Fees	Check the box (if applicable): Indicates Tuition Fees coverage applies to this premises.
PREMISES INFORMATION	Students	Enter amount: The dollar amount applicable to coverage for student's tuition fees.
PREMISES INFORMATION	Other Ed Serv / Inc	Enter amount: The dollar amount applicable to coverage for other educational services or income.
PREMISES INFORMATION	Depend Prop	Check the box (if applicable): Indicates Dependent Property coverage applies to a specific premises.
PREMISES INFORMATION	Broad Form	Check the box (if applicable): Indicates Dependent Property coverage applies on a broad form basis.
PREMISES INFORMATION	Limited Form	Check the box (if applicable): Indicates Dependent Property coverage applies on a limited form basis.
PREMISES INFORMATION	Other	Check the box (if applicable): Indicates Dependent Property coverage applies on an other form basis.
PREMISES INFORMATION	Other Description	Enter text: The description of the Dependent Property coverage form selected.

PREMISES INFORMATION	Coin %	Enter percentage: The applicable coinsurance percentage for Dependent Property. This percentage may be different from the percentage applicable to basic Business Income coverage.
PREMISES INFORMATION	Cont Loc	Check the box (if applicable): Indicates the Dependent Property coverage applies to Contributing Locations.
PREMISES INFORMATION	Rec Loc	Check the box (if applicable): Indicates the Dependent Property coverage applies to Recipient Locations.
PREMISES INFORMATION	MFG Loc	Check the box (if applicable): Indicates the Dependent Property coverage applies to Manufacturing Locations.
PREMISES INFORMATION	LDR Loc	Check the box (if applicable): Indicates the Dependent Property coverage applies to Leader Locations.
PREMISES INFORMATION	Name and Address for Off Prem Power or Depend Prop	Enter text: The name for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	Address Line 1	Enter text: The first address line for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	Address Line 2	Enter text: The second address for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	City	Enter text: The city name for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	State	Enter code: The state or province code for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	Zip	Enter code: The postal code for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	Name and Address for Off Prem Power or Depend Prop	Enter text: The name for each off premises power or dependent property provided coverage.
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PREMISES INFORMATION	Address Line 2	Enter text: The second address for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	City	Enter text: The city name for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	State	Enter code: The state or province code for each off premises power or dependent property provided coverage.
PREMISES INFORMATION	Zip	Enter code: The postal code for each off premises power or dependent property provided coverage.

PREMISES INFORMATION	Other Coverages	Enter text: Information on any endorsements or options not already provided for this premises. Also provide rating information required for these options, or by individual company programs such as Class Rate, Rate Reference, Sales or Earnings.
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Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
ADDITIONAL PREMISES INFORMATION	Premises #	Enter number: The location number for the premises.
ADDITIONAL PREMISES INFORMATION	Building #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
ADDITIONAL PREMISES INFORMATION	Business Income/Extra Expense	Check the box (if applicable): Indicates business income with extra expense coverage applies to a specific premises.
ADDITIONAL PREMISES INFORMATION	Business Income W/O Extra Expense	Check the box (if applicable): Indicates business income without extra expense coverage applies to a specific premises.
ADDITIONAL PREMISES INFORMATION	Extra Expense	Check the box (if applicable): Indicates extra expense coverage applies to a specific premises.
ADDITIONAL PREMISES INFORMATION	Business Income / Rental Value	Check the box (if applicable): Indicates business income with rental value included coverage applies to a specific premises.
ADDITIONAL PREMISES INFORMATION	Rental Value	Check the box (if applicable): Indicates rental value coverage applies to a specific premises.
ADDITIONAL PREMISES INFORMATION	Type of Business Non MFG	Check the box (if applicable): Indicates the nature of business is non-manufacturing.
ADDITIONAL PREMISES INFORMATION	Type of Business MFG	Check the box (if applicable): Indicates the nature of business is manufacturing.
ADDITIONAL PREMISES INFORMATION	Type of Business Mining	Check the box (if applicable): Indicates the nature of business is mining.
ADDITIONAL PREMISES INFORMATION	Type of Business % Coins	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
ADDITIONAL PREMISES INFORMATION	Ordinary Payroll Excl	Check the box (if applicable): Indicates Ordinary Payroll coverage is excluded.

ADDITIONAL PREMISES INFORMATION	Ordinary Payroll Inc	Check the box (if applicable): Indicates Ordinary Payroll coverage is included.
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ADDITIONAL PREMISES INFORMATION	Ext Period	Check the box (if applicable): Indicates Extended Period of Indemnity coverage applies.
ADDITIONAL PREMISES INFORMATION	Days	Enter number: The number of days the indemnity period is extended.
ADDITIONAL PREMISES INFORMATION	Mo Period	Check the box (if applicable): Indicates monthly period of indemnity coverage applies.
ADDITIONAL PREMISES INFORMATION	Limits	Enter amount: The monthly period of indemnity limit amount.
ADDITIONAL PREMISES INFORMATION	Max Period	Check the box (if applicable): Indicates maximum period of indemnity coverage applies.
ADDITIONAL PREMISES INFORMATION	Other	Enter amount: The maximum period of indemnity limit amount.
ADDITIONAL PREMISES INFORMATION	Days Period Rest	Enter number: The period of restoration, in days, selected.
ADDITIONAL PREMISES INFORMATION	Limit Loss Pay %	Enter percentage: The loss payment percentage limitation selected.
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ADDITIONAL PREMISES INFORMATION	Power/Heat	Check the box (if applicable): Indicates a Power, Heat and Refrigeration deduction applies to the premises.
ADDITIONAL PREMISES INFORMATION	Deductible	Enter amount: The amount of the Power, Heat and Refrigeration deduction for the premises.
ADDITIONAL PREMISES INFORMATION	Elec Media	Check the box (if applicable): Indicates EDP data / media coverage applies to a specific premises.
ADDITIONAL PREMISES INFORMATION	Days	Enter number: The number of days the Electronic Data Processing equipment and media coverage is to be extended.
ADDITIONAL PREMISES INFORMATION	Ord or Law	Check the box (if applicable): Indicates building ordinance or law coverage applies to a specific premises.
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ADDITIONAL PREMISES INFORMATION	City	Enter text: The city name for each off premises power or dependent property provided coverage.
ADDITIONAL PREMISES INFORMATION	State	Enter code: The state or province code for each off premises power or dependent property provided coverage.
ADDITIONAL PREMISES INFORMATION	Zip	Enter code: The postal code for each off premises power or dependent property provided coverage.
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ADDITIONAL PREMISES INFORMATION	Address Line 2	Enter text: The second address for each off premises power or dependent property provided coverage.
ADDITIONAL PREMISES INFORMATION	City	Enter text: The city name for each off premises power or dependent property provided coverage.
ADDITIONAL PREMISES INFORMATION	State	Enter code: The state or province code for each off premises power or dependent property provided coverage.
ADDITIONAL PREMISES INFORMATION	Zip	Enter code: The postal code for each off premises power or dependent property provided coverage.
ADDITIONAL PREMISES INFORMATION	Other Coverages	Enter text: Information on any endorsements or options not already provided for this premises. Also provide rating information required for these options, or by individual company programs such as Class Rate, Rate Reference, Sales or Earnings.

Form Page 3

Section Name	Field Name	Description
		Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Producer's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in Florida)	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured. (MM/DD/YYYY)
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.