

ACORD 825 (2016/05) - Specialty Insurance Application

ACORD 825, Professional / Specialty Insurance Application, (For Use in Management, Executive & Professional Lines - Applicant Section), is the foundation on which the ACORD professional / specialty application program is built. ACORD 825, Professional / Specialty Insurance Application - Applicant Section, is a required part of every professional / specialty lines submission (except Medical Professional Liability) and no professional / specialty lines application is complete without it.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date (MM/DD/YYYY)	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. As used here, in Florida and Nebraska, also include the producer's state license number, and in Nebraska, add the agency state license number.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Agency's State License #	Enter identifier: The agency's state license number.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No. (A/C, No, Ext)	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).

IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Underwriter	Enter text: The company underwriter (or other company staff person) that this form should be directed to.
IDENTIFICATION SECTION	Underwriter Off.	Enter identifier: The company underwriting office that this application should be directed to.
IDENTIFICATION SECTION	Policies or Program Requested	Enter code: The product code assigned by the insurer for the policy.
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.
SECTIONS ATTACHED	Commercial General Liability (checkbox)	Check the box (if applicable): Indicates the Commercial General Liability section is attached to the application.
IDENTIFICATION SECTION	Crime	Check the box (if applicable): Indicates the Crime section is attached to the application.
IDENTIFICATION SECTION	D&O (Directors & Officers)	Check the box (if applicable): Indicates the Directors And Officers section is attached to the application.
IDENTIFICATION SECTION	Miscellaneous E&O (Errors & Omissions)	Check the box (if applicable): Indicates the Errors & Omissions section is attached to this application.
IDENTIFICATION SECTION	EPLI (Employment Practices Liability)	Check the box (if applicable): Indicates the Employment Practices Liability Insurance (EPLI) section is attached to the application.
IDENTIFICATION SECTION	Fiduciary	Check the box (if applicable): Indicates the Fiduciary section is attached to the application.
IDENTIFICATION SECTION	Kidnap / Ransom	Check the box (if applicable): Indicates the Kidnap/Ransom section is attached to this application.
IDENTIFICATION SECTION	Professional Liability	Check the box (if applicable): Indicates the Professional Liability section is attached to the application.
IDENTIFICATION SECTION	PROF LIAB - Accountants Professional	Check the box (if applicable): Indicates the Accountants Professional Liability section is attached to this application.
IDENTIFICATION SECTION	PROF LIAB - Architects Professional	Check the box (if applicable): Indicates the Architects Professional Liability section is attached to this application.
IDENTIFICATION SECTION	PROF LIAB - Insurance Agents	Check the box (if applicable): Indicates the Insurance Agents Professional Liability section is attached to this application.

IDENTIFICATION SECTION	PROF LIAB - Lawyers Professional	Check the box (if applicable): Indicates the Lawyers Professional Liability section is attached to this application.
IDENTIFICATION SECTION	PROF LIAB - Media Professional	Check the box (if applicable): Indicates the Media Professional Liability section is attached to this application.
IDENTIFICATION SECTION	PROF LIAB - Medical Malpractice	Check the box (if applicable): Indicates the Medical Malpractice Professional Liability section is attached to this application.
IDENTIFICATION SECTION	Cyber and Privacy Coverage	Check the box (if applicable): Indicates the Cyber and Privacy Coverage Section is attached to this application.
IDENTIFICATION SECTION	Technology E&O	Check the box (if applicable): Indicates the Technology E&O Section is attached to this application.
IDENTIFICATION SECTION	Workplace Violence	Check the box (if applicable): Indicates the Workplace Violence section is attached to this application.
IDENTIFICATION SECTION	Other	Check the box (if applicable): Indicates that a section other than those listed is attached to the application.
IDENTIFICATION SECTION	Describe Other	Enter text: The type of section being attached to the application.
IDENTIFICATION SECTION	Miscellaneous Professional Liability	Check the box (if applicable): Indicates a miscellaneous professional liability section is attached to this application.
IDENTIFICATION SECTION	Describe	Enter text: The type of section being attached to the application. As used here the type of Miscellaneous Professional Liability section being attached to this application.
IDENTIFICATION SECTION	Public	Check the box (if applicable): Indicates the nature of business is public.
IDENTIFICATION SECTION	Private	Check the box (if applicable): Indicates the nature of business is private.
IDENTIFICATION SECTION	Not For Profit	Check the box (if applicable): Indicates the nature of business is not for profit.
IDENTIFICATION SECTION	Health Care	Check the box (if applicable): Indicates the nature of business is health care.
IDENTIFICATION SECTION	Financial Institution	Check the box (if applicable): Indicates the nature of business is a financial institution.
STATUS OF TRANSACTION	Quote	Check the box (if applicable): Indicates the response expected from the company is a quote.
STATUS OF TRANSACTION	Issue Policy	Check the box (if applicable): Indicates the response expected from the company is an issued policy.
STATUS OF TRANSACTION	Renewal	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
STATUS OF TRANSACTION	New	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
STATUS OF TRANSACTION	Bound	Check the box (if applicable): Indicates the coverage has been bound.

STATUS OF TRANSACTION	Date Bound	Enter date: The date the policy status becomes effective. This date is used for policy statuses of bound, change, and cancel. (MM/DD/YYYY)
STATUS OF TRANSACTION	Time	Enter time: The time the policy status becomes effective. The time is used for policy statuses of bound, change, and cancel.
STATUS OF TRANSACTION	AM	Check the box (if applicable): Indicates the effective time of the policy status is before 12:00 pm.
STATUS OF TRANSACTION	PM	Check the box (if applicable): Indicates the effective time of the policy status is 12:00 pm or later.
POLICY INFORMATION	Proposed Eff. Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
POLICY INFORMATION	Proposed Exp. Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
POLICY INFORMATION	Direct Bill	Check the box (if applicable): Indicates the policy is to be direct billed.
POLICY INFORMATION	Agency Bill	Check the box (if applicable): Indicates the policy is to be producer / agency billed.
POLICY INFORMATION	Payment Plan	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
APPLICANT / FIRM INFORMATION	Name (First Named Insured & Other Named Insureds)	Enter text: The named insured(s) as it / they will appear on the policy declarations page. As used here, The first named Insured is given certain rights and responsibilities by the policy contract language. If more than one insured is named, be sure the one intended to receive these rights and responsibilities is named first. If joint ownership, the name used may include both names (e.g., John and Mary Smith). Wording such as "et al" or "As their interests may appear" is not acceptable as the name of the insured. These phrases do not designate legal entities.
APPLICANT / FIRM INFORMATION		Enter text: The named insured(s) as it / they will appear on the policy declarations page.
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APPLICANT / FIRM INFORMATION	FEIN (of First Named Insured)	Enter identifier: The tax identifier of the named insured. As used here, this is the Federal Employers Identification Number.
APPLICANT / FIRM INFORMATION	Soc Sec # (if no FEIN)	Enter identifier: The tax identifier of the named insured. As used here, this is the Social Security Number.
APPLICANT INFORMATION	Primary Phone #	Enter number: The named insured's primary phone number.
APPLICANT INFORMATION	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
APPLICANT INFORMATION	Bus	Check the box (if applicable): Indicates the primary phone number is for a business phone.

APPLICANT INFORMATION	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
APPLICANT / FIRM INFORMATION	Secondary Phone #	Enter number: The named insured's secondary phone number.
APPLICANT INFORMATION	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
APPLICANT INFORMATION	Bus	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
APPLICANT INFORMATION	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
APPLICANT / FIRM INFORMATION	Fax No. (A/C, No)	Enter number: The named insured's fax number.
APPLICANT / FIRM INFORMATION	Website Addresses	Enter text: The primary website address for the named insured.
APPLICANT / FIRM INFORMATION	Mailing Address Incl ZIP+4 (of First Named Insured)	Enter text: The named insured's mailing address line one.
APPLICANT / FIRM INFORMATION		Enter text: The named insured's mailing address line two.
APPLICANT / FIRM INFORMATION		Enter text: The named insured's mailing address city name.
APPLICANT / FIRM INFORMATION		Enter code: The named insured's mailing address state or province code.
APPLICANT / FIRM INFORMATION		Enter code: The named insured's mailing address postal code.
APPLICANT / FIRM INFORMATION	Applicant's Title	Enter text: The title of the individual in the organization or his relationship to the organization.
APPLICANT / FIRM INFORMATION	NAICS Code	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the business activity (if known).
APPLICANT / FIRM INFORMATION	SIC Code	Enter code: The Standard Industry Classification code assigned to the business activity (if known). This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.
APPLICANT / FIRM INFORMATION	CR Bureau Name	Enter text: The code identifies an external source that may be used to provide financial or credit information. For example, a Dun and Bradstreet Number, TRW number, Equifax, Trans-Union, etc.
APPLICANT / FIRM INFORMATION	ID Number	Enter identifier: The identifier assigned by the credit bureau for the risk.

APPLICANT / FIRM INFORMATION	Primary E-Mail Address	Enter text: The named insured's primary e-mail address.
APPLICANT / FIRM INFORMATION	Secondary E-Mail Address	Enter text: The named insured's secondary e-mail address.
APPLICANT / FIRM INFORMATION	Individual	Check the box (if applicable): Indicates the legal entity code for the named insured is "Individual".
APPLICANT / FIRM INFORMATION	Partnership	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
APPLICANT / FIRM INFORMATION	Corporation	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
APPLICANT / FIRM INFORMATION	Joint Venture	Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".
APPLICANT / FIRM INFORMATION	Subchapter "S" Corporation	Check the box (if applicable): Indicates the legal entity code for the named insured is "Subchapter S Corporation".
APPLICANT / FIRM INFORMATION	PC	Check the box (if applicable): Indicates the legal entity code for the named insured is "Professional Company".
APPLICANT / FIRM INFORMATION	LLC	Check the box (if applicable): Indicates the legal entity code for the named insured is "Limited Liability Corporation".
APPLICANT / FIRM INFORMATION	GP/LLP	Check the box (if applicable): Indicates the legal entity code for the named insured is "General Partnership/Limited Liability Partnership".
APPLICANT / FIRM INFORMATION	Number of Members and Managers	Enter number: The number of members and managers for the limited liability corporation.
APPLICANT / FIRM INFORMATION	Other	Check the box (if applicable): Indicates the legal entity code for the named insured is other than those listed on the form.
APPLICANT / FIRM INFORMATION	Describe Other	Enter text: The description of the other legal entity.
APPLICANT / FIRM INFORMATION	Operations U.S	Check the box (if applicable): Indicates the insured has USA based operations.
APPLICANT / FIRM INFORMATION	Operations Non U.S	Check the box (if applicable): Indicates the insured has operations based outside the USA.
APPLICANT / FIRM INFORMATION	State of Incorporation	Enter code: The state or province where the business is incorporated.
APPLICANT / FIRM INFORMATION	Date Business Started	Enter date: The date the current owners purchased or started the business.

APPLICANT / FIRM INFORMATION	Total Employees - Full Time	Enter number: The number of full time employees.
APPLICANT / FIRM INFORMATION	Total Employees - Part Time	Enter number: The number of part time employees.
APPLICANT / FIRM INFORMATION	Total Payroll	Enter amount: The total annual payroll of the business in whole dollars.
APPLICANT / FIRM INFORMATION	Total Revenues	Enter amount: The total revenue for the organization for the current year.
APPLICANT / FIRM INFORMATION	Total Assets	Enter amount: The total assets of the organization for the current year.
APPLICANT / FIRM INFORMATION	Total Liabilities	Enter amount: The total liabilities of the organization for the current year.
CONTACT INFORMATION	Primary 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.
CONTACT INFORMATION	Primary Phone #	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.
CONTACT INFORMATION	Home	Check the box (if applicable): Indicates the inspection contact's primary phone is a home phone.
CONTACT INFORMATION	Bus	Check the box (if applicable): Indicates the inspection contact's primary phone is a business phone.
CONTACT INFORMATION	Cell	Check the box (if applicable): Indicates the inspection contact's primary phone is a cell phone.
CONTACT INFORMATION	Secondary Phone #	Enter number: The secondary telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment.
CONTACT INFORMATION	Home	Check the box (if applicable): Indicates the inspection contact's secondary phone is a home phone.
CONTACT INFORMATION	Bus	Check the box (if applicable): Indicates the inspection contact's secondary phone is a business phone.
CONTACT INFORMATION	Cell	Check the box (if applicable): Indicates the inspection contact's secondary phone is a cell phone.
CONTACT INFORMATION	Primary E-Mail Address	Enter text: The e-mail address (if applicable) 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.
CONTACT INFORMATION	Secondary E-Mail Address	Enter text: The secondary e-mail address of the inspection contact.
CONTACT INFORMATION	Contact Type	Enter text: The type of contact being described (e.g. accounting, claims, etc.).

CONTACT INFORMATION	Name	Enter text: The full name of the contact.
CONTACT INFORMATION	Primary Phone #	Enter number: The primary phone number of the contact.
CONTACT INFORMATION	Home	Check the box (if applicable): Indicates the contact's primary phone is a home phone.
CONTACT INFORMATION	Bus	Check the box (if applicable): Indicates the contact's primary phone is a business phone.
CONTACT INFORMATION	Cell	Check the box (if applicable): Indicates the contact's primary phone is a cell phone.
CONTACT INFORMATION	Secondary Phone #	Enter number: The secondary phone number of the contact.
CONTACT INFORMATION	Home	Check the box (if applicable): Indicates the contact's secondary phone number is a home phone.
CONTACT INFORMATION	Bus	Check the box (if applicable): Indicates the contact's secondary phone number is a business phone.
CONTACT INFORMATION	Cell	Check the box (if applicable): Indicates the contact's secondary phone number is a cell phone.
CONTACT INFORMATION	Primary E-Mail Address	Enter text: The contact's primary e-mail address.
CONTACT INFORMATION	Secondary E-Mail Address	Enter text: The contact's secondary e-mail address.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISES	Nature of Business	Enter text: The description of the operations of this risk or insured.

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).
GENERAL INFORMATION	1a. Is the applicant a subsidiary of another entity?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant a subsidiary of another entity?".
GENERAL INFORMATION	Parent Company	Enter text: The name of the parent organization.
GENERAL INFORMATION	Relationship	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	Percentage Ownership By Parent	Enter percentage: The percent of ownership by the parent company.
GENERAL INFORMATION	1b. 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 any subsidiaries?".

GENERAL INFORMATION	Name of Subsidiary	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
GENERAL INFORMATION	Relationship	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	Percent Ownership By Applicant	Enter percentage: The percent of ownership by the parent company.
GENERAL INFORMATION	Name of Subsidiary	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
GENERAL INFORMATION	Relationship	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	Percent Ownership By Applicant	Enter percentage: The percent of ownership by the parent company.
GENERAL INFORMATION	Name of Subsidiary	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
GENERAL INFORMATION	Relationship	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	Percent Ownership By Applicant	Enter percentage: The percent of ownership by the parent company.
GENERAL INFORMATION	Name of Subsidiary	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
GENERAL INFORMATION	Relationship	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	Percent Ownership By Applicant	Enter percentage: The percent of ownership by the parent company.
GENERAL INFORMATION	Name of Subsidiary	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
GENERAL INFORMATION	Relationship	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	Percent Ownership By Applicant	Enter percentage: The percent of ownership by the parent company.
GENERAL INFORMATION	Name of Subsidiary	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
GENERAL INFORMATION	Relationship	Enter text: The description of the relationship between the parent company and the subsidiary.
GENERAL INFORMATION	Percent Ownership By Applicant	Enter percentage: The percent of ownership by the parent company.
GENERAL INFORMATION	2. Any other insurance with this company or being submitted?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any other insurance with this company?".

GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant has any other insurance with this company.
GENERAL INFORMATION	3. Has any policy or coverage being applied for been declined, cancelled or non-renewed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any policy or coverage being applied for been declined, cancelled or non-renewed? (Not applicable in Missouri)".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant has any policy or coverage declined, cancelled or non-renewed.
GENERAL INFORMATION	4. Any bankruptcies, tax or credit liens against the applicant in the past five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any bankruptcies, tax or credit liens against the applicant in the past mandated number of years?". The answer is "YES" if any applicant, and/or any entity to which any applicant is or has been associated (as an owner, partner, officer, director, member manager of limited liability company or other controlling interest), has or had a lien, foreclosure, repossession, bankruptcy or filed for bankruptcy during the past specified number of years.
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant has had any bankruptcies, tax or credit liens in the past mandated number of years.
GENERAL INFORMATION	5. Has business been placed in a trust?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has business been placed in a trust?".
GENERAL INFORMATION	Remarks	Enter text: Indicates the name of the trust if the answer to "Has business been placed in a trust?" is Yes.
GENERAL INFORMATION	6. Are there any predecessor firms?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there any predecessor firms?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether there are any predecessor firms.
REMARKS	Remarks	Enter text: The commercial policy general remarks.

Form Page 3

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).
D&O LIABILITY	Carrier	Enter text: The name of the previous insurer for the Directors & Officers line of business.
D&O LIABILITY	Policy Number	Enter number: The policy number of the previous coverage for the Directors & Officers line of business.
D&O LIABILITY	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the Directors & Officers line of business.

D&O LIABILITY	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the Directors & Officers line of business.
D&O LIABILITY	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the Directors & Officers line of business.
D&O LIABILITY		Enter date: The expiration date of the prior policy for the Directors & Officers line of business.
D&O LIABILITY	Retro Date	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.
D&O LIABILITY	Continuity Date	Enter date: The continuity date.
D&O LIABILITY	Limit Per Claim	Enter limit: The per claim limit amount of the prior coverage for the Directors & Officers line of business.
D&O LIABILITY	Retention	Enter amount: The retention amount of the prior Directors & Officers coverage.
D&O LIABILITY	Deductible	Enter deductible: The deductible amount of the prior coverage for the Directors & Officers line of business.
D&O LIABILITY	Additional Layers	Check the box (if applicable): Indicates the prior Directors & Officers policy had additional layers.
D&O LIABILITY	Additional Layers	Check the box (if applicable): Indicates the prior Directors & Officers policy did not have additional layers.
D&O LIABILITY	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the Directors & Officers line of business.
D&O LIABILITY	Carrier	Enter text: The name of the previous insurer for the Directors & Officers line of business.
D&O LIABILITY	Policy Number	Enter number: The policy number of the previous coverage for the Directors & Officers line of business.
D&O LIABILITY	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the Directors & Officers line of business.
D&O LIABILITY	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the Directors & Officers line of business.
D&O LIABILITY	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the Directors & Officers line of business.
D&O LIABILITY		Enter date: The expiration date of the prior policy for the Directors & Officers line of business.
D&O LIABILITY	Retro Date	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.
D&O LIABILITY	Continuity Date	Enter date: The continuity date.
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D&O LIABILITY	Limit Per Claim	Enter limit: The per claim limit amount of the prior coverage for the Directors & Officers line of business.
D&O LIABILITY	Retention	Enter amount: The retention amount of the prior Directors & Officers coverage.
D&O LIABILITY	Deductible	Enter deductible: The deductible amount of the prior coverage for the Directors & Officers line of business.
D&O LIABILITY	Additional Layers	Check the box (if applicable): Indicates the prior Directors & Officers policy had additional layers.
D&O LIABILITY	Additional Layers	Check the box (if applicable): Indicates the prior Directors & Officers policy did not have additional layers.
D&O LIABILITY	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the Directors & Officers line of business.
E P L I	Carrier	Enter text: The name of the previous insurer for the EPLI line of business.
E P L I	Policy Number	Enter number: The policy number of the previous coverage for the EPLI line of business.
E P L I	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the EPLI line of business.
E P L I	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the EPLI line of business.
E P L I	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the EPLI line of business.
E P L I		Enter date: The expiration date of the prior policy for the EPLI line of business
E P L I	Retro Date	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.
E P L I	Continuity Date	Enter date: The continuity date.
E P L I	Limit Per Claim - Occurrence	Enter limit: The per occurrence limit amount of the prior coverage for the EPLI line of business.
E P L I	Limit Per Claim - Aggregate	Enter limit: The aggregate limit amount of the prior coverage for the EPLI line of business.
E P L I	Retention	Enter amount: The retention amount of the prior coverage for the EPLI line of business.
E P L I	Deductible	Enter deductible: The deductible amount of the prior coverage for the EPLI line of business.
E P L I	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the EPLI line of business.
E P L I	Carrier	Enter text: The name of the previous insurer for the EPLI line of business.
E P L I	Policy Number	Enter number: The policy number of the previous coverage for the EPLI line of business.

E P L I	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the EPLI line of business.
E P L I	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the EPLI line of business.
E P L I	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the EPLI line of business.
E P L I		Enter date: The expiration date of the prior policy for the EPLI line of business.
E P L I	Retro Date	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.
E P L I	Continuity Date	Enter date: The continuity date.
E P L I	Limit Per Claim - Occurrence	Enter limit: The per occurrence limit amount of the prior coverage for the EPLI line of business.
E P L I	Limit Per Claim - Aggregate	Enter limit: The aggregate limit amount of the prior coverage for the EPLI line of business.
E P L I	Retention	Enter amount: The retention amount of the prior coverage for the EPLI line of business.
E P L I	Deductible	Enter deductible: The deductible amount of the prior coverage for the EPLI line of business.
E P L I	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the EPLI line of business.
PROFESSIONAL LIABILITY	Carrier	Enter text: The name of the previous insurer for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Policy Number	Enter number: The policy number of the previous coverage for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the Professional Liability line of business.
PROFESSIONAL LIABILITY		Enter date: The expiration date of the prior policy for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Retro Date	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.
PROFESSIONAL LIABILITY	Continuity Date	Enter date: The continuity date.
PROFESSIONAL LIABILITY	Limit Per Claim - Occurrence	Enter limit: The per occurrence limit amount of the prior coverage for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Limit Per Claim - Aggregate	Enter limit: The aggregate limit amount of the prior coverage for the Professional Liability line of business.

PROFESSIONAL LIABILITY	Retention	Enter amount: The retention amount of the prior Professional Liability coverage.
PROFESSIONAL LIABILITY	Deductible	Enter deductible: The deductible amount of the prior coverage for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Carrier	Enter text: The name of the previous insurer for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Policy Number	Enter number: The policy number of the previous coverage for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the Professional Liability line of business.
PROFESSIONAL LIABILITY		Enter date: The expiration date of the prior policy for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Retro Date	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.
PROFESSIONAL LIABILITY	Continuity Date	Enter date: The continuity date.
PROFESSIONAL LIABILITY	Limit Per Claim - Occurrence	Enter limit: The per occurrence limit amount of the prior coverage for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Limit Per Claim - Aggregate	Enter limit: The aggregate limit amount of the prior coverage for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Retention	Enter amount: The retention amount of the prior Professional Liability coverage.
PROFESSIONAL LIABILITY	Deductible	Enter deductible: The deductible amount of the prior coverage for the Professional Liability line of business.
PROFESSIONAL LIABILITY	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the Professional Liability line of business.
CRIME	Carrier	Enter text: The name of the previous insurer for the crime line of business.
CRIME	Policy Number	Enter number: The policy number of the previous coverage for the crime line of business.
CRIME	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the crime line of business.
CRIME	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the crime line of business.

CRIME	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the crime line of business.
CRIME		Enter date: The expiration date of the prior policy for the crime line of business.
CRIME	Limit	Enter limit: The limit for the line of business used in the "crime" section of prior coverage.
CRIME	Deductible	Enter deductible: The deductible amount of the prior coverage for the crime line of business.
CRIME	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the crime line of business.
CRIME	Carrier	Enter text: The name of the previous insurer for the crime line of business.
CRIME	Policy Number	Enter number: The policy number of the previous coverage for the crime line of business.
CRIME	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the crime line of business.
CRIME	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the crime line of business.
CRIME	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the crime line of business.
CRIME		Enter date: The expiration date of the prior policy for the crime line of business.
CRIME	Limit	Enter limit: The limit for the line of business used in the "crime" section of prior coverage.
CRIME	Deductible	Enter deductible: The deductible amount of the prior coverage for the crime line of business.
CRIME	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the crime line of business.
FIDUCIARY	Carrier	Enter text: The name of the previous insurer for the fiduciary line of business.
FIDUCIARY	Policy Number	Enter number: The policy number of the previous coverage for the fiduciary line of business.
FIDUCIARY	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the fiduciary line of business.
FIDUCIARY	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the fiduciary line of business.
FIDUCIARY	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the fiduciary line of business.
FIDUCIARY		Enter date: The expiration date of the prior policy for the fiduciary line of business.
FIDUCIARY	Limit	Enter limit: The limit for the line of business used in the "fiduciary" section of prior coverage.
FIDUCIARY	Deductible	Enter deductible: The deductible amount of the prior coverage for the fiduciary line of business.
FIDUCIARY	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the fiduciary line of business.

FIDUCIARY	Carrier	Enter text: The name of the previous insurer for the fiduciary line of business.
FIDUCIARY	Policy Number	Enter number: The policy number of the previous coverage for the fiduciary line of business.
FIDUCIARY	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the fiduciary line of business.
FIDUCIARY	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the fiduciary line of business.
FIDUCIARY	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the fiduciary line of business.
FIDUCIARY		Enter date: The expiration date of the prior policy for the fiduciary line of business.
FIDUCIARY	Limit	Enter limit: The limit for the line of business used in the "fiduciary" section of prior coverage.
FIDUCIARY	Deductible	Enter deductible: The deductible amount of the prior coverage for the fiduciary line of business.
FIDUCIARY	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the fiduciary line of business.
OTHER	Line of Business Code	Enter code: The line of business code used to identify the other prior coverage.
OTHER	Carrier	Enter text: The name of the previous insurer for the other line of business.
OTHER	Policy Number	Enter number: The policy number of the previous coverage for the other line of business.
OTHER	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the other line of business.
OTHER	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the other line of business.
OTHER	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the other line of business.
OTHER		Enter date: The expiration date of the previous coverage for the other line of business.
OTHER	Limit	Enter limit: The limit for the line of business used in the "other" section of prior coverage.
OTHER	Deductible	Enter deductible: The deductible amount of the prior coverage for the other line of business.
OTHER	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for other lines of business.
OTHER	Line of Business Code	Enter code: The line of business code used to identify the other prior coverage.
OTHER	Carrier	Enter text: The name of the previous insurer for the other line of business.
OTHER	Policy Number	Enter number: The policy number of the previous coverage for the other line of business.
OTHER	Policy Type	Check the box (if applicable): Indicates the policy was issued on a claims made basis for the other line of business.

OTHER	Policy Type	Check the box (if applicable): Indicates the policy was issued on an occurrence basis for the other line of business.
OTHER	Eff.- Exp. Date	Enter date: The effective date of the prior policy for the other line of business.
OTHER		Enter date: The expiration date of the previous coverage for the other line of business.
OTHER	Limit	Enter limit: The limit for the line of business used in the "other" section of prior coverage.
OTHER	Deductible	Enter deductible: The deductible amount of the prior coverage for the other line of business.
OTHER	Total Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for other lines of business.
ATTACHMENTS	Financials	Check the box (if applicable): Indicates that a financial statement is attached to the application.
ATTACHMENTS	Carrier Loss Runs	Check the box (if applicable): Indicates that carrier loss runs are attached to the application.
ATTACHMENTS	Carrier Supplement(s)	Check the box (if applicable): Indicates that carrier supplements are attached to the application.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
ATTACHMENTS	Other Description	Enter text: The description of the type of other attachment.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
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ATTACHMENTS	Other Description	Enter text: The description of the type of other attachment.
LOSS HISTORY	Check Here if None	Check the box (if applicable): Indicates there are no prior losses or occurrences that may give rise to claims for the mandated number of years.
LOSS HISTORY	See Attached Loss Summary	Check the box (if applicable): Indicates that a loss summary report is attached to the application.
LOSS HISTORY	Total Losses	Enter amount: The amount that has been paid on all losses to date.
LOSS HISTORY	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Line of Business	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed. (MM/DD/YYYY)
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Claim Status Open	Check the box (if applicable): Indicates the claim is still open.
LOSS HISTORY	Claim Status Closed	Check the box (if applicable): Indicates the claim is closed.
LOSS HISTORY	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)

LOSS HISTORY	Line of Business	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed. (MM/DD/YYYY)
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Claim Status Open	Check the box (if applicable): Indicates the claim is still open.
LOSS HISTORY	Claim Status Closed	Check the box (if applicable): Indicates the claim is closed.
LOSS HISTORY	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Line of Business	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed. (MM/DD/YYYY)
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Claim Status Open	Check the box (if applicable): Indicates the claim is still open.
LOSS HISTORY	Claim Status Closed	Check the box (if applicable): Indicates the claim is closed.
LOSS HISTORY	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Line of Business	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed. (MM/DD/YYYY)
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Claim Status Open	Check the box (if applicable): Indicates the claim is still open.

LOSS HISTORY	Claim Status Closed	Check the box (if applicable): Indicates the claim is closed.
LOSS HISTORY	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Line of Business	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim	Enter date: The date the claim was filed. (MM/DD/YYYY)
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Claim Status Open	Check the box (if applicable): Indicates the claim is still open.
LOSS HISTORY	Claim Status Closed	Check the box (if applicable): Indicates the claim is closed.
REMARKS	Remarks	Enter text: The commercial policy general remarks.

Form Page 4

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).
REMARKS	Remarks	Enter text: The commercial policy general remarks.
SIGNATURE	Notice of Information Practices	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language.
SIGNATURE	Applicant's Initials	Initial here: The named insured's initials.
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 individual at the producer's establishment that is the primary contact.
SIGNATURE	State Producer License No	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 applicant or 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.
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