

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 08/14/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 97 WI (2003/10)	Wisconsin Automobile Insurance Plan, Private Passenger Auto Application	The title of the form. ACORD 97 WI, Wisconsin Automobile Insurance Plan Private Passenger Auto Application, has been adopted by the Wisconsin Automobile Insurance Plan. It is the only application, as well as ACORD 177 WI (2003/10), Business Auto Application and ACORD 178 WI (2003/10), Truckers Application, that can be used in connection with this Plan. For answers to questions regarding completion of this form, call the Plan at (262) 796-4599.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer's Name & Address	Enter text: The full name of the producer/agency.
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	Phone	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Agent's License #	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.
IDENTIFICATION SECTION	Producer's IRS or Social Security #	Enter identifier: The producer's tax identification number. This may be the federal employer identification number or social security number.
IDENTIFICATION SECTION	Applicant's Name and Address	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION		Enter text: The applicant's physical address county name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Home Telephone	Enter number: The named insured's primary phone number. As used here, this is the home phone number.
IDENTIFICATION SECTION	Business Telephone	Enter number: The named insured's secondary phone number. As used here, this is the business phone number.
IDENTIFICATION SECTION	Occupation	Enter text: The named insured's primary occupation or business activity.
IDENTIFICATION SECTION	Employer's Name	Enter text: The employer name (business name if self-employed).
VEHICLE DESCRIPTION	Vehicle 1 - Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE DESCRIPTION	Model Name & Body Style	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION		Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION	CYLS	Enter number: The number of cylinders.
VEHICLE DESCRIPTION	HP/CUB IN/CC	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
VEHICLE DESCRIPTION	Month Purchased	Enter number: The month the vehicle was purchased.
VEHICLE DESCRIPTION	Year Purchased	Enter number: The year the vehicle was purchased.
VEHICLE DESCRIPTION	Check Box- New	Check the box (if applicable): Indicates the vehicle was purchased new.
VEHICLE DESCRIPTION	Check Box- Used	Check the box (if applicable): Indicates the vehicle was purchased used.
VEHICLE DESCRIPTION	Cost	Enter amount: The cost of the vehicle at the time of purchase.
VEHICLE DESCRIPTION	Check Box- Damaged	Check the box (if applicable): Indicates a "Yes" response to the question "Any existing damage to vehicle? (Include damaged glass)".
VEHICLE DESCRIPTION	Check Box- Altered	Check the box (if applicable): Indicates a "Yes" response to the question "Any vehicles customized, altered or with special equipment?".
VEHICLE DESCRIPTION	Check Box- Damaged Glass	Check the box (if applicable): Indicates there is damaged glass on the vehicle.
VEHICLE DESCRIPTION	Garaged- Yes	Check the box (if applicable): Indicates the vehicle is garaged.
VEHICLE DESCRIPTION	Garaged- No	Check the box (if applicable): Indicates the vehicle is not garaged.
VEHICLE DESCRIPTION	Vehicle 2 - Year	Enter year: The model year of the vehicle.

Section Name	Field Name	Field and/or Section Description
VEHICLE DESCRIPTION	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE DESCRIPTION	Model Name & Body Style	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION		Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION	CYLS	Enter number: The number of cylinders.
VEHICLE DESCRIPTION	HP/CUB IN/CC	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
VEHICLE DESCRIPTION	Month Purchased	Enter number: The month the vehicle was purchased.
VEHICLE DESCRIPTION	Year Purchased	Enter number: The year the vehicle was purchased.
VEHICLE DESCRIPTION	Check Box- New	Check the box (if applicable): Indicates the vehicle was purchased new.
VEHICLE DESCRIPTION	Check Box- Used	Check the box (if applicable): Indicates the vehicle was purchased used.
VEHICLE DESCRIPTION	Cost	Enter amount: The cost of the vehicle at the time of purchase.
VEHICLE DESCRIPTION	Check Box- Damaged	Check the box (if applicable): Indicates a "Yes" response to the question "Any existing damage to vehicle? (Include damaged glass)".
VEHICLE DESCRIPTION	Check Box- Altered	Check the box (if applicable): Indicates a "Yes" response to the question "Any vehicles customized, altered or with special equipment?".
VEHICLE DESCRIPTION	Check Box- Damaged Glass	Check the box (if applicable): Indicates there is damaged glass on the vehicle.
VEHICLE DESCRIPTION	Garaged- Yes	Check the box (if applicable): Indicates the vehicle is garaged.
VEHICLE DESCRIPTION	Garaged- No	Check the box (if applicable): Indicates the vehicle is not garaged.
VEHICLE DESCRIPTION	LIENHOLDER- VEH 1	Check the box (if applicable): Indicates the vehicle which has an additional interest is vehicle one.
VEHICLE DESCRIPTION	LIENHOLDER- VEH 2	Check the box (if applicable): Indicates the vehicle which has an additional interest is vehicle two.
VEHICLE DESCRIPTION	Name	Enter text: The additional interest's full name.
VEHICLE DESCRIPTION	Street	Enter text: The additional interest's mailing address line one.
VEHICLE DESCRIPTION	City	Enter text: The additional interest's mailing address city name.
VEHICLE DESCRIPTION	State	Enter code: The additional interest's mailing address state or province code.
VEHICLE DESCRIPTION	Zip Code	Enter code: The additional interest's mailing address postal code.
VEHICLE USE	Use Vehicle 1	Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm).
VEHICLE USE	Principle Place of Garaging	Enter text: The vehicle's physical address line one.
VEHICLE USE		Enter text: The vehicle's physical address city name.
VEHICLE USE		Enter code: The vehicle's physical address state or province code.
VEHICLE USE	Miles to Work or Transportation	Enter number: The number of miles from the garage location to school or work.
VEHICLE USE	Estimated Annual Mileage	Enter number: The total estimated annual mileage for the vehicle.

Section Name	Field Name	Field and/or Section Description
VEHICLE USE	State Registered In	Enter code: The state or province in which the vehicle is registered.
VEHICLE USE	Name and Address of Owner as Appears on Registration	Enter text: The additional interest's full name.
VEHICLE USE		Enter text: The additional interest's mailing address line one.
VEHICLE USE		Enter text: The additional interest's mailing address city name.
VEHICLE USE		Enter code: The additional interest's mailing address state or province code.
VEHICLE USE		Enter code: The additional interest's mailing address postal code.
VEHICLE USE	Territory	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE USE	Rate Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE USE	Penalty Points	Enter number: The number of penalty / surcharge points associated with the vehicle.
VEHICLE USE	Symbol	Enter code: The symbol required for physical damage coverage.
VEHICLE USE	Age Group	Enter code: The age group of the vehicle.
VEHICLE USE	Use Vehicle 2	Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm).
VEHICLE USE	Principle Place of Garaging	Enter text: The vehicle's physical address line one.
VEHICLE USE		Enter text: The vehicle's physical address city name.
VEHICLE USE		Enter code: The vehicle's physical address state or province code.
VEHICLE USE	Miles to Work or Transportation	Enter number: The number of miles from the garage location to school or work.
VEHICLE USE	Estimated Annual Mileage	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE USE	State Registered In	Enter code: The state or province in which the vehicle is registered.
VEHICLE USE	Name and Address of Owner as Appears on Registration	Enter text: The additional interest's full name.
VEHICLE USE		Enter text: The additional interest's mailing address line one.
VEHICLE USE		Enter text: The additional interest's mailing address city name.
VEHICLE USE		Enter code: The additional interest's mailing address state or province code.
VEHICLE USE		Enter code: The additional interest's mailing address postal code.
VEHICLE USE	Territory	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE USE	Rate Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE USE	Penalty Points	Enter number: The number of penalty / surcharge points associated with the vehicle.
VEHICLE USE	Symbol	Enter code: The symbol required for physical damage coverage.
VEHICLE USE	Age Group	Enter code: The age group of the vehicle.
COVERAGES	Body Injury Liability - Limits/Deductibles - Vehicle 1	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

Section Name	Field Name	Field and/or Section Description
COVERAGES	Body Injury Liability - Premiums - Vehicle 1	Enter amount: The vehicle combined single limit liability premium amount.
COVERAGES	Body Injury Liability - Limits/Deductibles - Vehicle 2	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Body Injury Liability - Premiums - Vehicle 2	Enter amount: The vehicle combined single limit liability premium amount.
COVERAGES	Property Damage Liability - Limits/Deductibles - Vehicle 1	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Property Damage Liability - Premiums - Vehicle 1	Enter amount: The property damage premium amount.
COVERAGES	Property Damage Liability - Limits/Deductibles - Vehicle 2	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Property Damage Liability - Premiums - Vehicle 2	Enter amount: The property damage premium amount.
COVERAGES	Medical Payments - Limits/Deductibles - Vehicle 1	Enter limit: The medical payments per person limit.
COVERAGES	Medical Payments - Premiums - Vehicle 1	Enter amount: The medical payments premium amount.
COVERAGES	Medical Payments - Limits/Deductibles - Vehicle 2	Enter limit: The medical payments per person limit.
COVERAGES	Medical Payments - Premiums - Vehicle 2	Enter amount: The medical payments premium amount.
COVERAGES	Uninsured Motorists - Limits/Deductibles - Vehicle 1	Enter limit: The uninsured motorists combined single limit per accident limit amount.
COVERAGES	Uninsured Motorists - Premiums - Vehicle 1	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
COVERAGES	Uninsured Motorists - Limits/Deductibles - Vehicle 2	Enter limit: The uninsured motorists combined single limit per accident limit amount.
COVERAGES	Uninsured Motorists - Premiums - Vehicle 2	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
COVERAGES	Underinsured Motorists - Limits/Deductibles - Vehicle 1	Enter limit: The underinsured motorists combined single limit per accident limit amount.

Section Name	Field Name	Field and/or Section Description
COVERAGES	Underinsured Motorists - Premiums - Vehicle 1	Enter amount: The underinsured motorists bodily injury or combined single limit premium amount.
COVERAGES	Underinsured Motorists - Limits/Deductibles - Vehicle 2	Enter limit: The underinsured motorists combined single limit per accident limit amount.
COVERAGES	Underinsured Motorists - Premiums - Vehicle 2	Enter amount: The underinsured motorists bodily injury or combined single limit premium amount.
COVERAGES	Comprehensive and Collision - Limits/Deductibles - Vehicle 1	Enter deductible: The comprehensive or other than collision deductible amount. As used here, this is for comprehensive and collision.
COVERAGES	Comprehensive and Collision - Premiums - Vehicle 1	Enter amount: The comprehensive or other than collision premium amount. In Texas this is the comprehensive premium amount only. As used here, this is for comprehensive and collision.
COVERAGES	Comprehensive and Collision - Limits/Deductibles - Vehicle 2	Enter deductible: The comprehensive or other than collision deductible amount. As used here, this is for comprehensive and collision.
COVERAGES	Comprehensive and Collision - Premiums - Vehicle 2	Enter amount: The comprehensive or other than collision premium amount. In Texas this is the comprehensive premium amount only. As used here, this is for comprehensive and collision.
COVERAGES	Vehicle 1- Total Premium	Enter amount: The total amount for the vehicle.
COVERAGES	Vehicle 2- Total Premium	Enter amount: The total amount for the vehicle.
COVERAGES	Veh 1- Accept Med Payments	Check the box (if applicable): Indicates the named insured accepts medical payments coverage.
COVERAGES	Veh 1- Reject Med Payments	Check the box (if applicable): Indicates the named insured has rejected medical payments coverage.
COVERAGES	Veh 2- Accept Med Payments	Check the box (if applicable): Indicates the named insured accepts medical payments coverage.
COVERAGES	Veh 2- Reject Med Payments	Check the box (if applicable): Indicates the named insured has rejected medical payments coverage.
COVERAGES	Total Premium Vehicles 1 and 2 \$	Enter amount: The estimated total cost amount of the policy.
PAY PLANS	Check Box- Full Annual Premium	Check the box (if applicable): Indicates the policy will be paid annually.
PAY PLANS	Check Box- Option 1- Advance Premium Payment As Provided by the Rules of the Plan	Check the box (if applicable): Indicates the premium will be paid in advance.

Section Name	Field Name	Field and/or Section Description
PAY PLANS	Check Box- Option 2- Installment Premium Payment as Provided by the Rules of the Plan	Check the box (if applicable): Indicates the premium will be paid in installments.
PAY PLANS	Annual Premium Financed- Yes	Check the box (if applicable): Indicates the premium has been financed.
PAY PLANS	Annual Premium Financed- No	Check the box (if applicable): Indicates the premium has not been financed.
PAY PLANS	If Yes, List Company	Enter text: The name of the company financing the premium, if applicable.
PAY PLANS	Amount Submitted with This Application \$	Enter amount: The amount of the premium received as a deposit.
OPERATOR INFORMATION	% Use of Veh 1	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	% Use of Veh 2	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	Birth Date (MM/DD/YY)	Enter date: The birth date of the driver.
OPERATOR INFORMATION	Sex (M/F)	Enter code: The gender of the driver.
OPERATOR INFORMATION	M/S	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other
OPERATOR INFORMATION	Driver's License Number and State	Enter identifier: The driver's license number.
OPERATOR INFORMATION		Enter code: The state the driver is licensed in.
OPERATOR INFORMATION	Licensed 3 Years- Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?".
OPERATOR INFORMATION	Licensed 3 Years- No	Enter date: The original date on which a driver's license was issued to this driver.
OPERATOR INFORMATION	Applicant and Other Drivers Two	Enter text: The driver's full name.
OPERATOR INFORMATION	Relationship to Applicant Two	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
OPERATOR INFORMATION	% Use of Veh 1 Two	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	% Use of Veh 2 Two	Enter percentage: The percentage of time a particular driver uses the vehicle.

Section Name	Field Name	Field and/or Section Description
OPERATOR INFORMATION	Birth Date (MM/DD/YY) Two	Enter date: The birth date of the driver.
OPERATOR INFORMATION	Sex (M/F) Two	Enter code: The gender of the driver.
OPERATOR INFORMATION	M/S Two	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other
OPERATOR INFORMATION	Driver's License Number and State Two	Enter identifier: The driver's license number.
OPERATOR INFORMATION		Enter code: The state the driver is licensed in.
OPERATOR INFORMATION	Licensed 3 Years- Yes Two	Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?".
OPERATOR INFORMATION	Licensed 3 Years- No Two	Enter date: The original date on which a driver's license was issued to this driver.
OPERATOR INFORMATION	Applicant and Other Drivers Three	Enter text: The driver's full name.
OPERATOR INFORMATION	Relationship to Applicant Three	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
OPERATOR INFORMATION	% Use of Veh 1 Three	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	% Use of Veh 2 Three	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	Birth Date (MM/DD/YY) Three	Enter date: The birth date of the driver.
OPERATOR INFORMATION	Sex (M/F) Three	Enter code: The gender of the driver.
OPERATOR INFORMATION	M/S Three	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other
OPERATOR INFORMATION	Driver's License Number and State Three	Enter identifier: The driver's license number.
OPERATOR INFORMATION		Enter code: The state the driver is licensed in.
OPERATOR INFORMATION	Licensed 3 Years- Yes Three	Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?".

Section Name	Field Name	Field and/or Section Description
OPERATOR INFORMATION	Licensed 3 Years- No Three	Enter date: The original date on which a driver's license was issued to this driver.
OPERATOR INFORMATION	Applicant and Other Drivers Four	Enter text: The driver's full name.
OPERATOR INFORMATION	Relationship to Applicant Four	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employeee.
OPERATOR INFORMATION	% Use of Veh 1 Four	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	% Use of Veh 2 Four	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	Birth Date (MM/DD/YY) Four	Enter date: The birth date of the driver.
OPERATOR INFORMATION	Sex (M/F) Four	Enter code: The gender of the driver.
OPERATOR INFORMATION	M/S Four	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other
OPERATOR INFORMATION	Driver's License Number and State Four	Enter identifier: The driver's license number.
OPERATOR INFORMATION		Enter code: The state the driver is licensed in.
OPERATOR INFORMATION	Licensed 3 Years- Yes Four	Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?".
OPERATOR INFORMATION	Licensed 3 Years- No Four	Enter date: The original date on which a driver's license was issued to this driver.
OPERATOR INFORMATION	Applicant and Other Drivers Five	Enter text: The driver's full name.
OPERATOR INFORMATION	Relationship to Applicant Five	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employeee.
OPERATOR INFORMATION	% Use of Veh 1 Five	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	% Use of Veh 2 Five	Enter percentage: The percentage of time a particular driver uses the vehicle.
OPERATOR INFORMATION	Birth Date (MM/DD/YY) Five	Enter date: The birth date of the driver.

Section Name	Field Name	Field and/or Section Description
OPERATOR INFORMATION	Sex (M/F) Five	Enter code: The gender of the driver.
OPERATOR INFORMATION	M/S Five	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other
OPERATOR INFORMATION	Driver's License Number and State Five	Enter identifier: The driver's license number.
OPERATOR INFORMATION		Enter code: The state the driver is licensed in.
OPERATOR INFORMATION	Licensed 3 Years- Yes Five	Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?".
OPERATOR INFORMATION	Licensed 3 Years- No Five	Enter date: The original date on which a driver's license was issued to this driver.
INSURANCE RECORD	Name of Latest Carrier	Enter text: The name of the previous insurer.
INSURANCE RECORD	Policy Number	Enter identifier: The policy number of the previous coverage.
INSURANCE RECORD	Termination Date	Enter date: The effective date of the cancellation or non renewal.
INSURANCE RECORD	Is Coverage Through Plan ? - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Was coverage through the plan?".
INSURANCE RECORD	Is Coverage Through Plan ? - Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Was coverage through the plan?".
INSURANCE RECORD	Was 4-Year Assignment Completed? - Check Box- Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Was mandated number of years assignment completed?".
INSURANCE RECORD	Was 4-Year Assignment Completed? - Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Was mandated number of years assignment completed?".
INSURANCE RECORD	If No Specify Reason	Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
INSURANCE RECORD	Are Any Other Vehicles Owned By Any Member of Household? - Check Box- Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any other vehicles owned by any member of household?".
INSURANCE RECORD	Are Any Other Vehicles Owned By Any Member of Household? - Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Are any other vehicles owned by any member of household?".
INSURANCE RECORD	If Yes, Give Name of Insurer and Policy Number	Enter text: The insurer name on any other applicable insurance.
INSURANCE RECORD		Enter identifier: The policy number on any other applicable insurance.

Section Name	Field Name	Field and/or Section Description
ACCIDENTS	Has Applicant, or Anyone who Usually Drives the Applicant's Motor Vehicle, Been Involved Either as Owner or Operator, in ANY Motor Vehicle Accident During The Past 36 Months ? - Check Box- Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past 36 months?".
ACCIDENTS	Has Applicant, or Anyone who Usually Drives the Applicant's Motor Vehicle, Been Involved Either as Owner or Operator, in ANY Motor Vehicle Accident During The Past 36 Months ? Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past 36 months?".
ACCIDENTS	Name of Operator One	Enter text: The driver's full name.
ACCIDENTS	Accident Date One	Enter date: The date of the accident or conviction.
ACCIDENTS	Place of Accident-Town One	Enter text: The city of the accident or conviction.
ACCIDENTS	Place of Accident- State One	Enter code: The state or province of the accident or conviction.
ACCIDENTS	Bodily Inj or Death - Check Box- Yes One	Check the box (if applicable): Indicates the accident or conviction resulted in bodily injury or death.
ACCIDENTS	Bodily Inj or Death - Check Box-No One	Check the box (if applicable): Indicates the accident or conviction did not result in bodily injury or death.
ACCIDENTS	Property Damage Amount \$ One	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS	Name of Operator Two	Enter text: The driver's full name.
ACCIDENTS	Accident Date Two	Enter date: The date of the accident or conviction.
ACCIDENTS	Place of Accident-Town Two	Enter text: The city of the accident or conviction.
ACCIDENTS	Place of Accident- State Two	Enter code: The state or province of the accident or conviction.
ACCIDENTS	Bodily Inj or Death - Check Box- Yes Two	Check the box (if applicable): Indicates the accident or conviction resulted in bodily injury or death.
ACCIDENTS	Bodily Inj or Death - Check Box-No Two	Check the box (if applicable): Indicates the accident or conviction did not result in bodily injury or death.
ACCIDENTS	Property Damage Amount \$ Two	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS	Name of Operator Three	Enter text: The driver's full name.
ACCIDENTS	Accident Date Three	Enter date: The date of the accident or conviction.

Section Name	Field Name	Field and/or Section Description
ACCIDENTS	Place of Accident-Town Three	Enter text: The city of the accident or conviction.
ACCIDENTS	Place of Accident- State Three	Enter code: The state or province of the accident or conviction.
ACCIDENTS	Bodily Inj or Death - Check Box-Yes Three	Check the box (if applicable): Indicates the accident or conviction resulted in bodily injury or death.
ACCIDENTS	Bodily Inj or Death - Check Box-No Three	Check the box (if applicable): Indicates the accident or conviction did not result in bodily injury or death.
ACCIDENTS	Property Damage Amount \$ Three	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS	Applicant's Motor Vehicle Lawfully Parked ? - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Applicant's motor vehicle lawfully parked?".
ACCIDENTS	Date of Accident	Enter date: The date of the accident or conviction.
ACCIDENTS	Applicant Reimbursed by or on Behalf of Person Responsible for the Accident or Has Judgement Against Such Person ? - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Applicant reimbursed by or on behalf of person responsible for accident or has judgment against such person?".
ACCIDENTS	Date of Accident	Enter date: The date of the accident or conviction.
ACCIDENTS	Applicant's Motor Vehicle Struck in Rear and Applicant or Operator was Not Convicted? - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Applicant struck in rear by another auto, applicant not convicted of a violation?".
ACCIDENTS	Date of Accident	Enter date: The date of the accident or conviction.
ACCIDENTS	Other Person Involved in Accident was Convicted. Applicant or Operator was Not Convicted - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Other person involved in accident was convicted, applicant or operator was not convicted?".
ACCIDENTS	Date of Accident	Enter date: The date of the accident or conviction.
ACCIDENTS	Damaged by "Hit-Or-Run" Driver and Accident Reported to the Police within 24 Hours From Time of Accident - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Damaged by hit and run driver and accident reported to the policy within 24 hours from time of accident?".
ACCIDENTS	Date of Accident	Enter date: The date of the accident or conviction.

Section Name	Field Name	Field and/or Section Description
ACCIDENTS	Other Type of Accident--Non Chargeable Under Provisions of the Plan - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Other type of accident - non chargeable under provisions of the plan?".
ACCIDENTS	Date of Accident	Enter date: The date of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Has Applicant, or Anyone who Usually Drives the Applicant's Motor Vehicle, Been Convicted or Forfeited Bail at any Time During the Immediately Preceding Thirty-Six Months for a Violation Arising Out of The Use of A Motor Vehicle? - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been convicted or forfeited bail at any time during the immediately preceding 36 months?".
MOTOR VEHICLE CONVICTIONS	Has Applicant, or Anyone who Usually Drives the Applicant's Motor Vehicle, Been Convicted or Forfeited Bail at any Time During the Immediately Preceding Thirty-Six Months for a Violation Arising Out of The Use of A Motor Vehicle? - Check Box-No	Check the box (if applicable): Indicates a "No" response to the question, "Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been convicted or forfeited bail at any time during the immediately preceding 36 months?".
MOTOR VEHICLE CONVICTIONS	Name of Operator One	Enter text: The driver's full name.
MOTOR VEHICLE CONVICTIONS	Date of Conviction One	Enter date: The date of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Did Conviction Arise As A Result of ACC - Check Box-Yes One	Check the box (if applicable): Indicates the conviction was due to an accident.
MOTOR VEHICLE CONVICTIONS	Did Conviction Arise As A Result of ACC - Check Box-No One	Check the box (if applicable): Indicates the conviction was not due to an accident.
MOTOR VEHICLE CONVICTIONS	Nature of Violation One	Enter code: The code that describes the accident or violation. The source of this code list is state department of motor vehicles, NCCI or Insurance Services Office.
MOTOR VEHICLE CONVICTIONS	Place of Conviction- Town One	Enter text: The city of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Place of Conviction- State One	Enter code: The state or province of the accident or conviction.

Section Name	Field Name	Field and/or Section Description
MOTOR VEHICLE CONVICTIONS	Name of Operator Two	Enter text: The driver's full name.
MOTOR VEHICLE CONVICTIONS	Date of Conviction Two	Enter date: The date of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Did Conviction Arise As A Result of ACC - Check Box-Yes Two	Check the box (if applicable): Indicates the conviction was due to an accident.
MOTOR VEHICLE CONVICTIONS	Did Conviction Arise As A Result of ACC - Check Box-No Two	Check the box (if applicable): Indicates the conviction was not due to an accident.
MOTOR VEHICLE CONVICTIONS	Nature of Violation Two	Enter code: The code that describes the accident or violation. The source of this code list is state department of motor vehicles, NCCI or Insurance Services Office.
MOTOR VEHICLE CONVICTIONS	Place of Conviction- Town Two	Enter text: The city of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Place of Conviction- State Two	Enter code: The state or province of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Name of Operator Three	Enter text: The driver's full name.
MOTOR VEHICLE CONVICTIONS	Date of Conviction Three	Enter date: The date of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Did Conviction Arise As A Result of ACC - Check Box-Yes Three	Check the box (if applicable): Indicates the conviction was due to an accident.
MOTOR VEHICLE CONVICTIONS	Did Conviction Arise As A Result of ACC - Check Box-No Three	Check the box (if applicable): Indicates the conviction was not due to an accident.
MOTOR VEHICLE CONVICTIONS	Nature of Violation Three	Enter code: The code that describes the accident or violation. The source of this code list is state department of motor vehicles, NCCI or Insurance Services Office.
MOTOR VEHICLE CONVICTIONS	Place of Conviction- Town Three	Enter text: The city of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Place of Conviction- State Three	Enter code: The state or province of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Name of Operator Four	Enter text: The driver's full name.
MOTOR VEHICLE CONVICTIONS	Date of Conviction Four	Enter date: The date of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Did Conviction Arise As A Result of ACC - Check Box-Yes Four	Check the box (if applicable): Indicates the conviction was due to an accident.
MOTOR VEHICLE CONVICTIONS	Did Conviction Arise As A Result of ACC - Check Box-No Four	Check the box (if applicable): Indicates the conviction was not due to an accident.

Section Name	Field Name	Field and/or Section Description
MOTOR VEHICLE CONVICTIONS	Nature of Violation Four	Enter code: The code that describes the accident or violation. The source of this code list is state department of motor vehicles, NCCI or Insurance Services Office.
MOTOR VEHICLE CONVICTIONS	Place of Conviction- Town Four	Enter text: The city of the accident or conviction.
MOTOR VEHICLE CONVICTIONS	Place of Conviction- State Four	Enter code: The state or province of the accident or conviction.
FINANCIAL RESPONSIBILITY	Is Applicant of Other Eligible Operator Required to File Evidence of Financial Responsibility? - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question "Any financial responsibility filing?".
FINANCIAL RESPONSIBILITY	Is Applicant of Other Eligible Operator Required to File Evidence of Financial Responsibility? - Check Box-No	Check the box (if applicable): Indicates a "No" response to the question "Any financial responsibility filing?".
FINANCIAL RESPONSIBILITY	Name	Enter text: The driver's full name.
FINANCIAL RESPONSIBILITY	State Where Filing Required	Enter code: The state or province where the financial responsibility filing is required.
FINANCIAL RESPONSIBILITY	Case or File Number	Enter identifier: The financial responsibility filing case or file number.
FINANCIAL RESPONSIBILITY	Reason for Filing	Enter text: The description of why a financial responsibility filing is required.
NON-OWNER	Type of Vehicle Applicant Will Operate - Private Passenger	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
NON-OWNER	Type of Vehicle Applicant Will Operate - Commercial	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
NON-OWNER	Type of Vehicle Applicant Will Operate - Taxi or Bus	Check the box (if applicable): Indicates the predominant type of the vehicle is taxi or bus.
NON-OWNER	Type of Vehicle Applicant Will Operate -Other	Check the box (if applicable): Indicates the predominant type of the vehicle is other than those listed.
NON-OWNER	Type of Vehicle Applicant Will Operate - Other Description	Enter text: The predominant type of the vehicle.
NON-OWNER	Vehicle Will Be Operated in Applicant's Occupation or Business - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is any auto used in business?".

Section Name	Field Name	Field and/or Section Description
NON-OWNER	Vehicle Will Be Operated in Applicant's Occupation or Business - Check Box-No	Check the box (if applicable): Indicates a "No" response to the question, "Is any auto used in business?".
NON-OWNER	Is Vehicle Owned By a Member of the Household? - Check Box-Yes	Check the box (if applicable): Indicates a "Yes" response to the question "Is vehicle owned by applicant or member of household?".
NON-OWNER	Is Vehicle Owned By a Member of the Household? - Check Box-No	Check the box (if applicable): Indicates a "No" response to the question, "Is vehicle owned by applicant or member of household?".
NON-OWNER	If b or c is Answered "Yes", Give Name of Insurance Company Providing Liability Coverage	Enter text: The insurer name on any other applicable insurance.
U.S MILITARY	Complete Service Address Including State and Nearest City	Enter text: The military base's first address line.
U.S MILITARY		Enter text: The military base's second address line.
U.S MILITARY		Enter text: The city of the military base.
U.S MILITARY		Enter code: The state or province code of the military base.
U.S MILITARY		Enter code: The postal code of the military base.
U.S MILITARY	Name	Enter text: The full name of the contact.
U.S MILITARY	Relationship	Enter code: The relationship of the contact to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
U.S MILITARY	Address, City, State & Zip Code	Enter text: The first address line of the contact for the named insured.
U.S MILITARY		Enter text: The city of the contact for the named insured.
U.S MILITARY		Enter code: The state or province of the contact for the named insured.
U.S MILITARY		Enter code: The postal code of the contact for the named insured.
NOTICES	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.
NOTICES	Date	Enter date: The date the producer signed the form.
NOTICES	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
NOTICES	Date	Enter date: The date the form was signed by the named insured.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).