ACORD 80 (2013/09) - Homeowner Application

ACORD 80, Homeowner Application, is used in the underwriting process for the homeowners line of business.

Form Page 1

Section Name	Field Name	Description
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		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	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone No.	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No.	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	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.

IDENTIFICATION SECTION	**Policy #**	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	**Plan**	Enter code: The product code assigned by the insurer for the policy.
IDENTIFICATION SECTION	**Facility Code**	Enter identifier: The identification code used by assigned risk plans, FAIR plans and other associations (only applicable in a few states). When using this field, also enter the name of the facility in the carrier or plan field.
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	**Expiration Date**	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
STATUS OF TRANSACTION	**New**	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
STATUS OF TRANSACTION	**Renew**	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
STATUS OF TRANSACTION	**Policy Change**	Check the box (if applicable): Indicates the policy is being submitted for a policy change.
STATUS OF TRANSACTION	**Other**	Check the box (if applicable): Indicates the response expected from the company is a policy other than those listed.
STATUS OF TRANSACTION	**Other Description**	Enter text: The description of the policy status (e.g. Reissue, Rewrite, etc.).
STATUS OF TRANSACTION	**Policy Change Effective Date**	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.
STATUS OF TRANSACTION	**Date agent last inspected property**	Enter date: The date the producer last inspected the structure. (MM/DD/YYYY)
STATUS OF TRANSACTION	**How long have you known the applicant**	Enter text: The length of time the named insured has been known by the producer.
APPLICANT INFORMATION	**Applicant's Name (First, Middle, Last)**	Enter text: The named insured's given name.
APPLICANT INFORMATION		Enter text: The named insured's other given name initial.
APPLICANT INFORMATION		Enter text: The named insured's surname.

APPLICANT INFORMATION	Date of Birth	Enter date: The date of birth of the insured. (MM/DD/YYYY)
APPLICANT INFORMATION	Social Security #	Enter identifier: The tax identifier of the named insured.
APPLICANT INFORMATION	Marital Status / Civil Union	Enter code: The insured's marital status. The applicable codes are: * S Single * M Married * D Divorced * F Fiancé or Fiancée * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union / Registered Domestic Partner * U Unknown * O Other As used here, this field may not be utilized for policyholders applying for residential property insurance in CA.
APPLICANT INFORMATION	Applicant's Mailing Address	Enter text: The named insured's mailing address line one.
APPLICANT INFORMATION	Address 2	Enter text: The named insured's mailing address line two.
APPLICANT INFORMATION	City	Enter text: The named insured's mailing address city name.
APPLICANT INFORMATION	State	Enter code: The named insured's mailing address state or province code.
APPLICANT INFORMATION	Zip	Enter code: The named insured's mailing address postal code.
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 INFORMATION	Primary Phone #	Enter number: The named insured's primary 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 INFORMATION	Secondary Phone #	Enter number: The named insured's secondary phone number.
APPLICANT INFORMATION	Primary e-mail address	Enter text: The named insured's primary e-mail address.
APPLICANT INFORMATION	Secondary e-mail address	Enter text: The named insured's secondary e-mail address.
APPLICANT INFORMATION	Years At Previous Address	Enter number: The number of years at the previous address.
APPLICANT INFORMATION	Previous Address	Enter text: The first address line of the previous residence address.

APPLICANT INFORMATION	Address Continued	Enter text: The second address line of the previous residence.
APPLICANT INFORMATION	City	Enter text: The city of the previous residence.
APPLICANT INFORMATION	State	Enter code: The state or province code of the previous residence.
APPLICANT INFORMATION	Zip	Enter code: The postal code of the previous residence.
APPLICANT INFORMATION	Check if same as mailing Address	Check the box (if applicable): Indicates the named insured's physical address is the same as the mailing address.
APPLICANT INFORMATION	Owned	Check the box (if applicable): Indicates if the insured owns their current residence.
APPLICANT INFORMATION	Rented	Check the box (if applicable): Indicates if the insured rents their current residence.
APPLICANT INFORMATION	Current Residence	Enter text: The named insured's physical address line one. As used here, this is the current residence.
APPLICANT INFORMATION		Enter text: The named insured's physical address line two. As used here, this is the current residence.
APPLICANT INFORMATION		Enter text: The named insured's physical address city name. As used here, this is the current residence.
APPLICANT INFORMATION		Enter code: The named insured's physical address state or province code. As used here, this is the current residence.
APPLICANT INFORMATION		Enter code: The named insured's physical address postal code. As used here, this is the current residence.
APPLICANT INFORMATION	Date at Current Residence	Enter date: The date insured moved into their current residence. (MM/DD/YYYY)
APPLICANT INFORMATION	Yrs with Current Employer	Enter number: The number of years the named insured has been with their current employer.
APPLICANT INFORMATION	Applicant's Employer Name And Address	Enter text: The employer name (business name if self-employed).
APPLICANT INFORMATION		Enter text: The first address line of the employer's physical address.
APPLICANT INFORMATION		Enter text: The second address line of the employer's physical address.
APPLICANT INFORMATION		Enter text: The city of the employer's physical address.
APPLICANT INFORMATION		Enter code: The state code of the employer's physical address.
APPLICANT INFORMATION		Enter code: The postal code of the employer's physical address.
APPLICANT INFORMATION	Applicant's Occupation (State Nature of Business if Self-Employed)	Enter text: The named insured's primary occupation or business activity.

APPLICANT INFORMATION	Years in Current Occupation	Enter number: The number of years the named insured has been employed in their current occupation.
APPLICANT INFORMATION	Years with Previous Employer	Enter number: The number of years the named insured has been with their previous employer.
APPLICANT INFORMATION	Co-Applicant's Name (First, Middle, Last)	Enter text: The named insured's given name.
APPLICANT INFORMATION		Enter text: The named insured's other given name initial.
APPLICANT INFORMATION		Enter text: The named insured's surname.
APPLICANT INFORMATION	Date of Birth	Enter date: The date of birth of the insured. (MM/DD/YYYY)
APPLICANT INFORMATION	Social Security #	Enter identifier: The tax identifier of the named insured.
APPLICANT INFORMATION	Marital Status / Civil Union	Enter code: The insured's marital status. The applicable codes are: * S Single * M Married * D Divorced * F Fiancé or Fiancée * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union / Registered Domestic Partner * U Unknown * O Other As used here, this field may not be utilized for policyholders applying for residential property insurance in CA.
APPLICANT INFORMATION	Check if same as Applicant	Check the box (if applicable): Indicates the co-named insured's mailing address is the same as the named insured's mailing address.
APPLICANT INFORMATION	Co-Applicant's Address	Enter text: The named insured's mailing address line one.
APPLICANT INFORMATION		Enter text: The named insured's mailing address line two.
APPLICANT INFORMATION		Enter text: The named insured's mailing address city name.
APPLICANT INFORMATION		Enter code: The named insured's mailing address state or province code.
APPLICANT INFORMATION		Enter code: The named insured's mailing address postal code.
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 INFORMATION	Primary Phone #	Enter number: The named insured's primary 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 INFORMATION	**Secondary Phone #**	Enter number: The named insured's secondary phone number.
APPLICANT INFORMATION	**Primary e-mail address**	Enter text: The named insured's primary e-mail address.
APPLICANT INFORMATION	**Secondary e-mail address**	Enter text: The named insured's secondary e-mail address.
APPLICANT INFORMATION	**Yrs with Current Employer**	Enter number: The number of years the named insured has been with their current employer.
APPLICANT INFORMATION	**Co-Applicant's Employer Name And Address**	Enter text: The employer name (business name if self-employed).
APPLICANT INFORMATION		Enter text: The first address line of the employer's physical address.
APPLICANT INFORMATION		Enter text: The second address line of the employer's physical address.
APPLICANT INFORMATION		Enter text: The city of the employer's physical address.
APPLICANT INFORMATION		Enter code: The state code of the employer's physical address.
APPLICANT INFORMATION		Enter code: The postal code of the employer's physical address.
APPLICANT INFORMATION	**Co-Applicant's Occupation (State Nature of Business if Self-Employed)**	Enter text: The named insured's primary occupation or business activity.
APPLICANT INFORMATION	**Years in Current Occupation**	Enter number: The number of years the named insured has been employed in their current occupation.
APPLICANT INFORMATION	**Years with Previous Employer**	Enter number: The number of years the named insured has been with their previous employer.
COVERAGES / LIMITS OF LIABILITY	**LOC #**	Enter number: The producer assigned number of the location.
COVERAGES / LIMITS OF LIABILITY	**Dwelling Limit**	Enter limit: The limit associated with dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	**Dwelling Premium**	Enter amount: The premium associated with dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	**Other Structures Limit**	Enter limit: The limit associated with other structures coverage.
COVERAGES / LIMITS OF LIABILITY	**Other Structures Premium**	Enter amount: The premium associated with other structures coverage.

COVERAGES / LIMITS OF LIABILITY	Personal Property Limit	Enter limit: The limit associated with personal property coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Property Premiums	Enter amount: The premium associated with personal property coverage.
COVERAGES / LIMITS OF LIABILITY	Actual Loss Sustained (checkbox)	Check the box (if applicable): Indicates the loss of use coverage is on an actual loss sustained basis.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Limit	Enter limit: The limit associated with loss of use coverage.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Premiums	Enter amount: The premium associated with loss of use coverage.
COVERAGES / LIMITS OF LIABILITY	Blanket Limit	Enter limit: The limit associated with blanket coverage which includes dwelling, other structures, personal property, and loss of use).
COVERAGES / LIMITS OF LIABILITY	Blanket Premium	Enter amount: The premium associated with blanket coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Liability Each Occurrence Limit	Enter limit: The limit associated with personal liability each occurrence coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Liability Each Occurrence Premium	Enter amount: The premium associated with personal liability coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Each Person Limit	Enter limit: The limit associated with medical payments each person coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Each Person Premium	Enter amount: The premium associated with medical payments coverage.
COVERAGES / LIMITS OF LIABILITY	Coverage Description	Enter text: The description of the coverage.
COVERAGES / LIMITS OF LIABILITY	Limit 1	Enter amount: The first limit associated with the coverage.
COVERAGES / LIMITS OF LIABILITY	Premium	Enter amount: The premium for the coverage.
COVERAGES / LIMITS OF LIABILITY	Form #	Enter code: Indicates the policy form being used (e.g. HO-2, HO-4, etc.)
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Full Value - Included	Check the box (if applicable): Indicates that replacement cost full value coverage is included.
COVERAGES / LIMITS OF LIABILITY	Max %	Enter percentage: The maximum percentage of increased replacement cost selected in accordance with the company rules.

COVERAGES / LIMITS OF LIABILITY	Premium	Enter amount: The premium for full value replacement cost coverage.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Dwelling - Included	Check the box (if applicable): Indicates that replacement cost - dwelling coverage is included.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Dwelling - Premium	Enter amount: The premium for replacement cost - dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Contents - Included	Check the box (if applicable): Indicates that replacement cost - contents coverage is included.
COVERAGES / LIMITS OF LIABILITY	Replacement Cost - Contents - Premium	Enter amount: The premium for replacement cost - contents coverage.
DEDUCTIBLES	Base Amount	Enter deductible: The base deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Base Percentage	Enter percentage: The base percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Base Type	Enter code: The deductible type (e.g. flat, percentage) for the base deductible.
DEDUCTIBLES	Wind / Hail Amount	Enter deductible: The wind / hail deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Wind / Hail Percentage	Enter percentage: The wind / hail percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Wind / Hail Type	Enter code: The deductible type (e.g. flat, percentage) for the wind / hail deductible.
DEDUCTIBLES	Theft Amount	Enter deductible: The theft deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Theft Percentage	Enter percentage: The theft percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Theft Type	Enter code: The deductible type (e.g. flat, percentage) for the theft deductible.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Named Hurricane Amount	Enter deductible: The named hurricane deductible amount if the deductible is expressed as a dollar amount. As used here, this is not applicable in North Carolina.
DEDUCTIBLES	Named Hurricane Percentage	Enter percentage: The named hurricane percentage deductible if the deductible is expressed as a percentage. As used here, in North Carolina, this is the named storm percentage deductible.

DEDUCTIBLES	Named Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the named hurricane deductible. As used here, in North Carolina, this is the named storm percentage deductible.
DEDUCTIBLES	Annual Hurricane Amount	Enter deductible: The annual hurricane deductible amount if the deductible is expressed as a dollar amount. As used here, this is not applicable in North Carolina.
DEDUCTIBLES	Annual Hurricane Percentage	Enter percentage: The annual hurricane percentage deductible if the deductible is expressed as a percentage. As used here, this is not applicable in North Carolina.
DEDUCTIBLES	Annual Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the annual hurricane deductible. As used here, this is not applicable in North Carolina.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
DEDUCTIBLES	Other	Enter text: The coverage associated with the deductible you are entering.
DEDUCTIBLES	Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
DEDUCTIBLES	Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
DEDUCTIBLES	Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
FORMS AND ENDORSEMENTS	Loc #	Enter number: The producer assigned identifier for the location associated with this form.
FORMS AND ENDORSEMENTS	Veh #	Enter number: The producer assigned identifier for the vehicle associated with this form.
FORMS AND ENDORSEMENTS	Boat #	Enter number: The producer assigned identifier for the boat associated with this form.
FORMS AND ENDORSEMENTS	Item #	Enter number: The producer assigned identifier for the item associated with this form.
FORMS AND ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
FORMS AND ENDORSEMENTS	Form Name	Enter text: The name of the form.
FORMS AND ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
FORMS AND ENDORSEMENTS	Copyright Owner Code	Enter code: Indicates the entity that has copyright ownership of the form.

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).
PAYMENT PLAN	**Billing Account #**	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
PAYMENT PLAN	**Deposit Amount $**	Enter amount: The amount of the premium received as a deposit.
PAYMENT PLAN	**Est Total Premium $**	Enter amount: The estimated total cost amount of the policy.
PAYMENT PLAN	**Direct Bill - Policy**	Check the box (if applicable): Indicates if the policy is to be direct billed.
PAYMENT PLAN	**Direct Bill - Acct**	Check the box (if applicable): Indicates if the account is to be direct billed.
PAYMENT PLAN	**Agency Bill**	Check the box (if applicable): Indicates if the policy is to be producer / agency billed.
PAYMENT PLAN	**Full Pay**	Check the box (if applicable): Indicates a full payment will be made on the policy.
PAYMENT PLAN	**Annual**	Check the box (if applicable): Indicates the policy will be paid annually.
PAYMENT PLAN	**Semi-Annual**	Check the box (if applicable): Indicates the policy will be paid semi-annually.
PAYMENT PLAN	**Quarterly**	Check the box (if applicable): Indicates the policy will be paid quarterly.
PAYMENT PLAN	**Bi-Monthly**	Check the box (if applicable): Indicates the policy will be paid bi-monthly.
PAYMENT PLAN	**Monthly**	Check the box (if applicable): Indicates the policy will be paid monthly.
PAYMENT PLAN	**Other**	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.
PAYMENT PLAN	**Other Description**	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
PAYMENT PLAN	**Payment Method - Cash**	Check the box (if applicable): Indicates the invoice will be paid in cash.
PAYMENT PLAN	**Check**	Check the box (if applicable): Indicates the invoice will be paid by check.
PAYMENT PLAN	**Credit Card**	Check the box (if applicable): Indicates the invoice will be paid by credit card. As used here, this is not applicable in North Carolina.
PAYMENT PLAN	**EFT**	Check the box (if applicable): Indicates the invoice will be paid using electronic funds transfer (EFT).
PAYMENT PLAN	**Payroll Deduction**	Check the box (if applicable): Indicates the invoice will be paid by payroll deduction.

PAYMENT PLAN	Pre-authorization Draft/Check (PAC)	Check the box (if applicable): Indicates the invoice will be paid by a pre-authorized check or draft.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the invoice will be paid by a means other than those listed.
PAYMENT PLAN	Other Description	Enter text: The method the invoice will be paid.
PAYMENT PLAN	Agent	Check the box (if applicable): Indicates if the policy paper should be sent to the producer.
PAYMENT PLAN	Insured	Check the box (if applicable): Indicates if the policy paper should be mailed directly to the named insured.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates if the policy paper should be mailed to other than the agent or applicant.
PAYMENT PLAN	Other Description	Enter text: The description to whom the policy paper should be mailed.
PAYMENT PLAN	Payor Insured	Check the box (if applicable): Indicates the payor of the policy is the insured.
PAYMENT PLAN	Mortgagee	Check the box (if applicable): Indicates the payor of the policy is the mortgagee.
PAYMENT PLAN	Other	Check the box (if applicable): Indicates the payor of the policy is other than those listed.
PAYMENT PLAN	Other Description	Enter text: The description of the payor of the policy.
PAYMENT PLAN	Premium Financed? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the premium has been financed.
PAYMENT PLAN	Finance Company	Enter text: The name of the company financing the premium, if applicable.
RATING / UNDERWRITING	LOC #	Enter number: The producer assigned number of the location.
RATING / UNDERWRITING	Masonry Veneer (checkbox)	Check the box (if applicable): Indicates the construction of the structure is masonry veneer. As used here, this is the primary construction type.
RATING / UNDERWRITING	Percent Masonry Veneer (checkbox)	Enter percentage: The percentage of the structure that is masonry veneer. As used here, this is the primary percentage of the primary construction type.
RATING / UNDERWRITING	Frame (checkbox)	Check the box (if applicable): Indicates the construction of the structure is frame. As used here, this is the primary construction type.
RATING / UNDERWRITING	Percent Frame	Enter percentage: The percentage of the structure that is frame. As used here, this is the primary percentage of the primary construction type.
RATING / UNDERWRITING	Masonry (checkbox)	Check the box (if applicable): Indicates the construction of the structure is masonry. As used here, this is the primary construction type.
RATING / UNDERWRITING	Percent Masonry	Enter percentage: The percentage of the structure that is masonry. As used here, this is the primary percentage of the primary construction type.

RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the construction of the structure is other than those listed. As used here, this is the primary construction type.
RATING / UNDERWRITING	Other Description	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
RATING / UNDERWRITING	Percent Other	Enter percentage: The percentage of the structure that is other than those types listed. As used here, this is the primary percentage of the primary construction type.
RATING / UNDERWRITING	Aluminum Siding (checkbox)	Check the box (if applicable): Indicates the siding on the structure is aluminum.
RATING / UNDERWRITING	Percent Aluminum Siding	Enter percentage: The percentage of the structure that is sided in aluminum.
RATING / UNDERWRITING	Stucco (checkbox)	Check the box (if applicable): Indicates the siding on the structure is stucco.
RATING / UNDERWRITING	Percent Stucco	Enter percentage: The percentage of the structure that is sided in stucco.
RATING / UNDERWRITING	Vinyl Siding / Plastic (checkbox)	Check the box (if applicable): Indicates the siding on the structure is vinyl or plastic.
RATING / UNDERWRITING	Percent Vinyl Siding / Plastic	Enter percentage: The percentage of the structure that is sided in vinyl or plastic.
RATING / UNDERWRITING	Cedar Wood Shingle (checkbox)	Check the box (if applicable): Indicates the siding on the structure is cedar or wood shingle.
RATING / UNDERWRITING	Percent Cedar Wood Shingle	Enter percentage: The percentage of the structure that is sided in cedar or wood shingle.
RATING / UNDERWRITING	EIFSCB (on Cinder Block) (checkbox)	Check the box (if applicable): Indicates the siding on the structure is exterior insulation and finishing system on cinder block (EIFSCB).
RATING / UNDERWRITING	Percent EIFSCB (on Cinder Block)	Enter percentage: The percentage of the structure that is sided in exterior insulation and finishing system on cinder block (EIFSCB)
RATING / UNDERWRITING	EIFSS (on Studs) (checkbox)	Check the box (if applicable): Indicates the siding on the structure is exterior insulation and finishing system on studs (EIFSS).
RATING / UNDERWRITING	Percent EIFSS (on Studs)	Enter percentage: The percentage of the structure that is sided in exterior insulation and finishing system on studs (EIFSS).
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the siding on the structure is other than those listed.

RATING / UNDERWRITING	Other Description	Enter text: The type of siding on the structure.
RATING / UNDERWRITING	Percent Other Siding	Enter percentage: The percentage of the structure that is sided in other than the those types listed.
RATING / UNDERWRITING	Year EIFS Installed	Enter year: The year the EIFS (exterior insulation and finishing system) was installed.
RATING / UNDERWRITING	Primary (checkbox)	Check the box (if applicable): Indicates that this is the primary residence.
RATING / UNDERWRITING	Secondary (checkbox)	Check the box (if applicable): Indicates that this is a secondary residence.
RATING / UNDERWRITING	Seasonal (checkbox)	Check the box (if applicable): Indicates that this is a seasonal residence.
RATING / UNDERWRITING	Farm (checkbox)	Check the box (if applicable): Indicates the residence is a farm.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the usage of the residence is other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the usage of the residence.
RATING / UNDERWRITING	Builders Risk (checkbox)	Check the box (if applicable): Indicates the structure is new construction (builders risk).
RATING / UNDERWRITING	Renovation (checkbox)	Check the box (if applicable): Indicates the structure is being renovated.
RATING / UNDERWRITING	Reconstruction (checkbox)	Check the box (if applicable): Indicates the structure is being reconstructed.
RATING / UNDERWRITING	Owner (checkbox)	Check the box (if applicable): Indicates the residence is occupied by the owner.
RATING / UNDERWRITING	Tenant (checkbox)	Check the box (if applicable): Indicates the residence is occupied by tenants.
RATING / UNDERWRITING	Unoccupied (checkbox)	Check the box (if applicable): Indicates the residence is unoccupied.
RATING / UNDERWRITING	Vacant (checkbox)	Check the box (if applicable): Indicates the residence is vacant.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the residence is occupied by other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the inhabitants of the residence.
RATING / UNDERWRITING	Residence Type- Dwelling (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a dwelling.
RATING / UNDERWRITING	Apartment (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is an apartment.
RATING / UNDERWRITING	Condominium (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a condominium or multiplex.
RATING / UNDERWRITING	Townhouse (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a townhouse.
RATING / UNDERWRITING	Rowhouse (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a row house.
RATING / UNDERWRITING	Co-Op (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is a cooperative.

RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the type of residence being insured is other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the type of residence (e.g., apartment, condominium, etc.).
RATING / UNDERWRITING	Housekeeping Condition - Excellent (checkbox)	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is excellent.
RATING / UNDERWRITING	Good (checkbox)	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is good.
RATING / UNDERWRITING	Average (checkbox)	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is average.
RATING / UNDERWRITING	Below Average (checkbox)	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is below average.
RATING / UNDERWRITING	Plumbing Condition - Excellent (checkbox)	Check the box (if applicable): Indicates the plumbing system condition is excellent.
RATING / UNDERWRITING	Good (checkbox)	Check the box (if applicable): Indicates the plumbing system condition is good.
RATING / UNDERWRITING	Average (checkbox)	Check the box (if applicable): Indicates the plumbing system condition is average.
RATING / UNDERWRITING	Below Average (checkbox)	Check the box (if applicable): Indicates the plumbing system condition is below average.
RATING / UNDERWRITING	Any Known Leaks? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates there are known leaks in the plumbing system.
RATING / UNDERWRITING	Roof Condition - Excellent (checkbox)	Check the box (if applicable): Indicates the condition of the roof is excellent.
RATING / UNDERWRITING	Good (checkbox)	Check the box (if applicable): Indicates the condition of the roof is good.
RATING / UNDERWRITING	Average (checkbox)	Check the box (if applicable): Indicates the condition of the roof is average.
RATING / UNDERWRITING	Below Average (checkbox)	Check the box (if applicable): Indicates the condition of the roof is below average.

RATING / UNDERWRITING	Roof Material	Enter code: The material used to construct the roof. Examples include:
		  * Composition (fiberglass, asphalt, etc.)
		  * Metal
		  * Poured
		  * Slate
		  * Tile
		  * Wood Shake
		(Please note this list is not all inclusive)

RATING / UNDERWRITING	Distance To Tidal Water	Enter number: The distance to the nearest tidal water.
RATING / UNDERWRITING	Miles (checkbox)	Check the box (if applicable): Indicates the distance to tidal water entered is in miles.

RATING / UNDERWRITING	Feet (checkbox)	Check the box (if applicable): Indicates the distance to tidal water entered is in feet.
RATING / UNDERWRITING	Purchase Price	Enter amount: The purchase price of the residence.
RATING / UNDERWRITING	Purchase Date	Enter date: The date the residence was purchased (MM/DD/YYYY).
RATING / UNDERWRITING	Security - Visible from road (checkbox)	Check the box (if applicable): Indicates the structure is visible from the road.
RATING / UNDERWRITING	Visible to neighbors (checkbox)	Check the box (if applicable): Indicates the structure is visible from another dwelling that is occupied during the day.
RATING / UNDERWRITING	Occupied Daily (checkbox)	Check the box (if applicable): Indicates the residence usually has an adult home during the day.
RATING / UNDERWRITING	Protection Device Type - Central / Smoke	Check the box (if applicable): Indicates the smoke alarm notifies an outside service that in turn reports to the appropriate police or fire station.
RATING / UNDERWRITING	Central / Temp	Check the box (if applicable): Indicates the temperature alarm reports to an outside service that in turn reports to the appropriate police or fire station.
RATING / UNDERWRITING	Central / Burglar	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
RATING / UNDERWRITING	Direct / Smoke	Check the box (if applicable): Indicates the smoke alarm reports directly to the appropriate fire station.
RATING / UNDERWRITING	Direct / Temp	Check the box (if applicable): Indicates the temperature alarm reports directly to the appropriate fire station.
RATING / UNDERWRITING	Direct / Burglar	Check the box (if applicable): Indicates the burglar alarm reports directly to the appropriate police station.
RATING / UNDERWRITING	Local / Smoke	Check the box (if applicable): Indicates that the smoke alarm sounds or appears on the premises.
RATING / UNDERWRITING	Local / Temp	Check the box (if applicable): Indicates the temperature alarm sounds or appears on the premises.
RATING / UNDERWRITING	Local / Burglar	Check the box (if applicable): Indicates the burglar alarm sounds or appears outside the premises.
RATING / UNDERWRITING	Distance to Hydrant Feet	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
RATING / UNDERWRITING	Distance to Fire Station Miles	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
RATING / UNDERWRITING	# of Fire Divisions	Enter number: The number of fire divisions in the building.
RATING / UNDERWRITING	# Units Fire Div	Enter number: The number of units within a fire division.
RATING / UNDERWRITING	Deadbolt (checkbox)	Check the box (if applicable): Indicates that all exterior entry doors are fitted with deadbolt locks.

RATING / UNDERWRITING	Spring (checkbox)	Check the box (if applicable): Indicates that all exterior entry doors are fitted with spring locks.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates that all exterior entry doors are fitted with locks other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The type of locks on exterior entry doors.
RATING / UNDERWRITING	Sprinkler: Partial (checkbox)	Check the box (if applicable): Indicates the building is equipped with a partial fire sprinkler system.
RATING / UNDERWRITING	Full (checkbox)	Check the box (if applicable): Indicates the building is equipped with a full fire sprinkler system.
RATING / UNDERWRITING	Prot Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
RATING / UNDERWRITING	Fire Extinguisher (Y / N):	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the residence is equipped with fire extinguisher(s).
RATING / UNDERWRITING	Territory	Enter code: The industry or company specific code that identifies the rating territory for this item. The source of this code is individual insurer, Insurance Services Office or State Insurance Department manuals.
RATING / UNDERWRITING	Fire District Name	Enter text: The property's fire district name.
RATING / UNDERWRITING	Fire District Code	Enter code: The property's fire district code number which can be found in the individual states manual pages.
RATING / UNDERWRITING	Primary Heat	Enter text: The primary type of fuel/power used for heating.
RATING / UNDERWRITING	None (checkbox)	Check the box (if applicable): Indicates the residence has no primary heat source.
RATING / UNDERWRITING	Secondary:	Enter text: The secondary type of fuel/power used for heating.
RATING / UNDERWRITING	None (checkbox)	Check the box (if applicable): Indicates the residence has no secondary heat source.
RATING / UNDERWRITING	Date Heating System Last Serviced	Enter date: The date (MM/DD/YYYY) the heating system was last serviced.
RATING / UNDERWRITING	Copper (checkbox)	Check the box (if applicable): Indicates the residence has copper wiring.
RATING / UNDERWRITING	Aluminum (checkbox)	Check the box (if applicable): Indicates the residence has aluminum wiring.
RATING / UNDERWRITING	Knob & Tube (checkbox)	Check the box (if applicable): Indicates the residence has knob and tube wiring.
RATING / UNDERWRITING	Last Inspected Date	Enter date: The date the wiring was last inspected.
RATING / UNDERWRITING	Circuit Breakers (checkbox)	Check the box (if applicable): Indicates the electrical panel uses circuit breakers.
RATING / UNDERWRITING	Fuses (checkbox)	Check the box (if applicable): Indicates the electrical panel uses fuses.
RATING / UNDERWRITING	Number of Amps	Enter number: The electrical capacity of the wiring in amperes (amps).

RATING / UNDERWRITING	Year Built	Enter year: The year the structure was built (YYYY).
RATING / UNDERWRITING	Market Value ($)	Enter amount: The current market value for which the residence could be sold.
RATING / UNDERWRITING	Replacement Cost ($)	Enter amount: The estimated total dollar amount required to rebuild the residence without depreciation.
RATING / UNDERWRITING	Total Living Area Sq Ft	Enter number: The residence's total square footage of living area (excluding basements).
RATING / UNDERWRITING	Basement Area	Enter number: The residence's total square footage of the basement.
RATING / UNDERWRITING	Garage Area	Enter number: The residence's total square footage of the garage.
RATING / UNDERWRITING	Breezeway Area	Enter number: The residence's total square footage of the breezeway.
RATING / UNDERWRITING	# Rooms	Enter number: The total number of rooms in the residence, including full and half bathrooms.
RATING / UNDERWRITING	# Apartments	Enter number: The number of separate living units in structure.
RATING / UNDERWRITING	# Weeks Rented	Enter number: The number of weeks the unit on the residence premises is or will be rented to others.
RATING / UNDERWRITING	# Families	Enter number: The number of separate family units in the dwelling.
RATING / UNDERWRITING	# Household Residents	Enter number: The number of residents in the household.
RATING / UNDERWRITING	Tax Code	Enter code: The code which normally represents the location for which a surcharge is being applied (city, county or state).
RATING / UNDERWRITING	Bldg Code Grade	Enter code: The industry code used to collect the building code effectiveness grade code. The source of this code list is public protection classification or individual insurer rating manuals.
RATING / UNDERWRITING	Building Code Grade - Inspected Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the structure has been inspected specific to its Building Code effectiveness grade.
RATING / UNDERWRITING	Fireplaces - Chimneys	Enter number: The total number of outside and inside chimneys in the residence. As used here, enter '0' for none.
RATING / UNDERWRITING	Hearths	Enter number: The total number of hearths in the residence. As used here, enter '0' for none.
RATING / UNDERWRITING	Pre-Fab	Enter number: The total number of prefabricated fireplaces in the residence. As used here, enter '0' for none.
RATING / UNDERWRITING	Wood stove insert	Enter number: The total number of wood stove inserts in the residence. As used here, enter '0' for none.
RATING / UNDERWRITING	Rating Credits - Non-Smoker (checkbox)	Check the box (if applicable): Indicates that a non-smoking rating credit may apply to the location.
RATING / UNDERWRITING	Manned Security (checkbox)	Check the box (if applicable): Indicates that a manned security rating credit may apply to the location.

RATING / UNDERWRITING	Lightning Protection (checkbox)	Check the box (if applicable): Indicates that a lightning protection rating credit may apply to the location.
RATING / UNDERWRITING	Off Premises Theft Exclusion (checkbox)	Check the box (if applicable): Indicates that an off premises theft exclusion rating credit may apply to the location.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates that other rating credits may apply to the location.
RATING / UNDERWRITING	Other Description	Enter text: The description of the other rating credits that may apply.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates that other rating credits may apply to the location.
RATING / UNDERWRITING	Other Description	Enter text: The description of the other rating credits that may apply.
RATING / UNDERWRITING	Swimming Pool - None (checkbox)	Check the box (if applicable): Indicates there is no swimming pool on the premises.
RATING / UNDERWRITING	Above ground (checkbox)	Check the box (if applicable): Indicates the swimming pool is above ground.
RATING / UNDERWRITING	In-Ground (checkbox)	Check the box (if applicable): Indicates the swimming pool is in the ground.
RATING / UNDERWRITING	Approved Fence (checkbox)	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.
RATING / UNDERWRITING	Diving Board (checkbox)	Check the box (if applicable): Indicates the swimming pool has a diving board.
RATING / UNDERWRITING	Slide (checkbox)	Check the box (if applicable): Indicates the swimming pool has a slide.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates there is additional information to describe the pool.
RATING / UNDERWRITING	Other Description (checkbox)	Enter text: The additional information to describe the swimming pool.
RATING / UNDERWRITING	Dwelling Location - In City Limits (checkbox)	Check the box (if applicable): Indicates the residence is within the city limits.
RATING / UNDERWRITING	In Fire District (checkbox)	Check the box (if applicable): Indicates the residence is within a fire district.
RATING / UNDERWRITING	In Protected Suburb (checkbox)	Check the box (if applicable): Indicates the residence is within a protected suburb.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the residence is other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the residence location.
RATING / UNDERWRITING	Rating- Class (checkbox)	Check the box (if applicable): Indicates the method of rating used for an HO-4 or HO-6 policy is class rating.
RATING / UNDERWRITING	Specific (checkbox)	Check the box (if applicable): Indicates the method of rating used for an HO-4 or HO-6 policy is specific rating.

RATING / UNDERWRITING	Foundation - Open (checkbox)	Check the box (if applicable): Indicates the foundation of the structure is open.
RATING / UNDERWRITING	Closed (checkbox)	Check the box (if applicable): Indicates the foundation of the structure is closed.
RATING / UNDERWRITING	None (checkbox)	Check the box (if applicable): Indicates there is no foundation on the structure.
RATING / UNDERWRITING	Fuel Storage Tank - None (checkbox)	Check the box (if applicable): Indicates there is no fuel storage tank on the premises.
RATING / UNDERWRITING	Indoors, Above ground masonry floor (checkbox)	Check the box (if applicable): Indicates the fuel storage tank is located indoors, above ground on a masonry floor.
RATING / UNDERWRITING	Indoors, Above ground no masonry floor (checkbox)	Check the box (if applicable): Indicates the fuel storage tank is located indoors, above ground not on a masonry floor.
RATING / UNDERWRITING	Outdoors, Above ground (checkbox)	Check the box (if applicable): Indicates the fuel storage tank is outdoors and above ground.
RATING / UNDERWRITING	Outdoors, Below ground (checkbox)	Check the box (if applicable): Indicates the fuel storage tank is outdoors and below ground.
RATING / UNDERWRITING	Fuel Line Location - Underground (checkbox)	Check the box (if applicable): Indicates the fuel line is underground.
RATING / UNDERWRITING	Through foundation (checkbox)	Check the box (if applicable): Indicates the fuel line goes through the foundation.
RATING / UNDERWRITING	Renovations - Wiring - Part	Check the box (if applicable): Indicates if partial wiring improvements have been made since the original construction.
RATING / UNDERWRITING	Wiring - Complete	Check the box (if applicable): Indicates if complete wiring improvements have been made since the original construction.
RATING / UNDERWRITING	Wiring - Year	Enter year: The year the wiring improvements took place.
RATING / UNDERWRITING	Plumbing - Part	Check the box (if applicable): Indicates if partial plumbing improvements have been made since the original construction.
RATING / UNDERWRITING	Plumbing - Complete	Check the box (if applicable): Indicates if complete plumbing improvements have been made since the original construction.
RATING / UNDERWRITING	Plumbing - Year	Enter year: The year the plumbing improvements took place.
RATING / UNDERWRITING	Heating - Part	Check the box (if applicable): Indicates if partial heating improvements have been made since the original construction.
RATING / UNDERWRITING	Heating - Complete	Check the box (if applicable): Indicates if complete heating improvements have been made since the original construction.
RATING / UNDERWRITING	Heating - Year	Enter year: The year the heating improvements took place.

RATING / UNDERWRITING	Roofing - Part	Check the box (if applicable): Indicates if partial roofing improvements have been made since the original construction.
RATING / UNDERWRITING	Roofing - Complete	Check the box (if applicable): Indicates if complete roofing improvements have been made since the original construction.
RATING / UNDERWRITING	Roofing - Year	Enter year: The year the roofing improvements took place.
RATING / UNDERWRITING	Exterior Paint - Year	Enter year: The year the exterior of the structure was last painted.
RATING / UNDERWRITING	Wind Class - Resistive (checkbox)	Check the box (if applicable): Indicates the wind class is resistive.
RATING / UNDERWRITING	Semi-resistive (checkbox)	Check the box (if applicable): Indicates the wind class is semi-resistive.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the wind class is other than those listed.
RATING / UNDERWRITING	Other Description.	Enter text: The description of the other wind class.
RATING / UNDERWRITING	Storm Shutters - A (checkbox)	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind and debris.
RATING / UNDERWRITING	B (checkbox)	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind only.
RATING / UNDERWRITING	Other (checkbox)	Check the box (if applicable): Indicates the wind storm shutters are a class other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the wind storm shutter class.
RATING / UNDERWRITING	Hurricane Resistive Glass (checkbox)	Check the box (if applicable): Indicates the glass is resistive to hurricanes.
LOCATION SCHEDULE	Loc #	Enter number: The producer assigned number of the location.
LOCATION SCHEDULE	Street	Enter text: The first address line of the physical location.
LOCATION SCHEDULE	City	Enter text: The city of the physical location.
LOCATION SCHEDULE	County	Enter text: The county of the physical location.
LOCATION SCHEDULE	State	Enter code: The state or province of the physical location.
LOCATION SCHEDULE	Zip + 4	Enter code: The postal code of the physical location.
LOCATION SCHEDULE	Loc #	Enter number: The producer assigned number of the location.
LOCATION SCHEDULE	Street	Enter text: The first address line of the physical location.
LOCATION SCHEDULE	City	Enter text: The city of the physical location.
LOCATION SCHEDULE	County	Enter text: The county of the physical location.

LOCATION SCHEDULE	State	Enter code: The state or province of the physical location.
LOCATION SCHEDULE	Zip + 4	Enter code: The postal code of the physical location.
LOCATION SCHEDULE	Loc #	Enter number: The producer assigned number of the location.
LOCATION SCHEDULE	Street	Enter text: The first address line of the physical location.
LOCATION SCHEDULE	City	Enter text: The city of the physical location.
LOCATION SCHEDULE	County	Enter text: The county of the physical location.
LOCATION SCHEDULE	State	Enter code: The state or province of the physical location.
LOCATION SCHEDULE	Zip + 4	Enter code: The postal code of the physical location.
PRIOR COVERAGE	No Prior Coverage	Check the box (if applicable): Indicates there was no prior coverage.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
LOSS HISTORY	Any Losses, whether or not paid by insurance, during the last__years, at this or at any other location?	Enter number: The number of years of loss information required by the insurer.
LOSS HISTORY	Any Losses at this or at any other location?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there have been any losses at any location, whether paid or not paid by insurance, in the last mandated number of years.
LOSS HISTORY	Applicant's Initials	Initial here: The named insured's initials.
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	CAT#	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid ($)	Enter amount: The amount that has been paid on this claim to date.

LOSS HISTORY	**Entered by (A)gent (C)ompany**	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	**In Dispute (Y/N)**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
LOSS HISTORY	**Loss Date**	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	**Loss Type**	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	**Description of Loss**	Enter text: A brief description of the loss.
LOSS HISTORY	**CAT#**	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	**Amount Paid ($)**	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	**Entered by (A)gent (C)ompany**	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	**In Dispute (Y/N)**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
LOSS HISTORY	**Loss Date**	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	**Loss Type**	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	**Description of Loss**	Enter text: A brief description of the loss.
LOSS HISTORY	**CAT#**	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	**Amount Paid ($)**	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	**Entered by (A)gent (C)ompany**	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	**In Dispute (Y/N)**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
LOSS HISTORY	**Loss Date**	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	**Loss Type**	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	**Description of Loss**	Enter text: A brief description of the loss.
LOSS HISTORY	**CAT#**	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.

Section Name	Field Name	Description
LOSS HISTORY	**Amount Paid ($)**	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	**Entered by (A)gent (C)ompany**	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	**In Dispute (Y/N)**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.

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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).
OPTIONAL COVERAGES - ENDORSEMENTS	**LOC #**	Enter number: The producer assigned number of the location.
OPTIONAL COVERAGES - ENDORSEMENTS	**Additional Premises Liability Extension - # Premises**	Enter number: The number of premises covered by the additional premises liability extension. This is used when you don't have the full detail about the individual locations.
OPTIONAL COVERAGES - ENDORSEMENTS	**Premium ($)**	Enter amount: The premium associated with additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	**Loc #**	Enter number: The producer assigned location number for the premises covered by additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	**Terr:**	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	**Premium ($)**	Enter amount: The premium associated with additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	**Loc #**	Enter number: The producer assigned location number for the premises covered by additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	**Terr:**	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	**Premium ($)**	Enter amount: The premium associated with additional premises liability extension.
OPTIONAL COVERAGES - ENDORSEMENTS	**Additional Residence Rented To Others - # of Premises**	Enter number: The number of premises covered by the additional residence rented to others. This is used when you don't have the full detail about the individual locations.
OPTIONAL COVERAGES - ENDORSEMENTS	**Med Pay (Y / N)**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments coverage is included.

OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for additional residence rented to others coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Loc #	Enter number: The producer assigned location number for the premises covered by additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Med Pay (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	# Families	Enter number: The number of families of the additional residence rented to others .
OPTIONAL COVERAGES - ENDORSEMENTS	Terr:	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for additional residence rented to others coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Loc #	Enter number: The producer assigned location number for the premises covered by additional residence rented to others.
OPTIONAL COVERAGES - ENDORSEMENTS	Med Pay (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	# Families	Enter number: The number of families of the additional residence rented to others .
OPTIONAL COVERAGES - ENDORSEMENTS	Terr:	Enter code: The liability territory for the location specified.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for additional residence rented to others coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Theft of building Materials Included (checkbox)	Check the box (if applicable): Indicates the builders risk theft of building materials coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for builders risk theft of building materials coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for builders risk theft of building materials coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Builders Risk Only - Collapse due to hydro-static pressure - Included	Check the box (if applicable): Indicates the builders risk collapse due to hydro-static pressure coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for builders risk collapse due to hydro-static pressure coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for builders risk collapse due to hydro-static pressure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ordinance or Law Coverage - Aggregate Limit	Enter limit: The aggregate limit for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Increase Limit	Enter limit: The increased limit for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Included (checkbox)	Check the box (if applicable): Indicates the building ordinance or law coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Rebuild %	Enter percentage: The rebuild percentage for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property At Home - Included	Check the box (if applicable): Indicates the business property at home coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for business property at home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for business property at home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business Property Away From Home - Included	Check the box (if applicable): Indicates the business property away from home coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for business property away from home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for business property away from home coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal - Included	Check the box (if applicable): Indicates the debris removal coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - % Ded	Enter percentage: The percentage deductible for earthquake coverage if the deductible is expressed as a percentage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Deductible Amount	Enter deductible: The deductible amount for earthquake coverage if the deductible is expressed in dollars.

OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Territory	Enter code: The earthquake zone (territory) associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Retrofit Type	Enter text: The type of earthquake retrofit for the residence.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - % Masonry Veneer	Enter percentage: The percentage of construction that is masonry veneer.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake - Premium	Enter amount: The premium for earthquake coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Employers Liability Limit	Enter limit: The limit amount for employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Employers Liability - # of Employees	Enter number: The number of employees associated with employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Employers Liability - Premium	Enter amount: The premium for employers liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Equipment Breakdown Included (checkbox)	Check the box (if applicable): Indicates the equipment breakdown coverage is included. As used here, not applicable in North Carolina.
OPTIONAL COVERAGES - ENDORSEMENTS	Equipment Breakdown Deductible	Enter deductible: The deductible associated with equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Equipment Breakdown Limit	Enter limit: The limit associated with equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Equipment Breakdown Premium	Enter amount: The premium for equipment breakdown coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fire Department Service Charge - Included (checkbox)	Check the box (if applicable): Indicates the fire department service charge coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for fire department service charge coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Flood - Building Limit	Enter limit: The building limit for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Flood - Contents Limit	Enter limit: The contents limit for flood coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Flood - Premium	Enter amount: The premium for flood coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Excl Liability	Check the box (if applicable): Indicates that liability is excluded from fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Excl Prop Damage	Check the box (if applicable): Indicates that property damage is excluded from fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Property	Enter limit: The property limit for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Liability	Enter limit: The liability limit for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fungus and Mold - Premium	Enter amount: The premium for fungus and mold coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts Included (checkbox)	Check the box (if applicable): Indicates the golf cart liability coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - # of Golf Carts	Enter number: The number of golf carts to be covered.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - Description	Enter text: The description of the golf carts.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - Premium	Enter amount: The premium for golf cart liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - Physical Damage - Limit	Enter limit: The limit for golf cart physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Golf Carts - Physical Damage - Premium	Enter amount: The premium for golf cart physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Identity Fraud Expense - Included (checkbox)	Check the box (if applicable): Indicates identity fraud expense coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Identity Fraud Expense - Limit	Enter limit: The limit for identity fraud expense coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Identity Fraud Expense - Premium	Enter amount: The premium for identity fraud expense coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Incidentals Farming Pers Liab - Medical Payments	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments is included in the incidental farming personal liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Incidentals Farming Pers Liab - Premium	Enter amount: The premium for incidental farming coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability Limits - Electrical Apparatus In and Out Of Vehicle - Total Limit	Enter limit: The total limit amount for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage c special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage C special liability limit - electronic apparatus in and out of vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability Limits - Electrical Apparatus In Vehicle - Total Limit	Enter limit: The total limit amount for increased coverage C special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage C special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage C special liability limit - electronic apparatus in vehicle.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability - Guns - Total Limit	Enter limit: The total limit amount for increased coverage C special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage C special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage C special liability limit - guns.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability - Money - Total Limit	Enter limit: The total limit amount for increased coverage C special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage C special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for increased coverage C special liability limit - money.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Cov C Special Liability - Securities - Total Limit	Enter limit: The total limit amount for increased coverage C special liability limit - securities.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased Limit	Enter limit: The increased limit amount for increased coverage C special liability limit - securities.

OPTIONAL COVERAGES - ENDORSEMENTS	**Premium**	Enter amount: The premium for increased coverage C special liability limit - securities.
OPTIONAL COVERAGES - ENDORSEMENTS	**Increased Cov C Special Liability - Silverware - Total Limit**	Enter limit: The total limit amount for increased coverage C special liability limit - silverware.
OPTIONAL COVERAGES - ENDORSEMENTS	**Increased Limit**	Enter limit: The increased limit amount for increased coverage C special liability limit -silverware.
OPTIONAL COVERAGES - ENDORSEMENTS	**Premium**	Enter amount: The premium for increased coverage C special liability limit -silverware.
OPTIONAL COVERAGES - ENDORSEMENTS	**Inflation Guard - Percentage Increase**	Enter percentage: The increase percentage for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	**Inflation Guard Premium**	Enter amount: The premium for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	**Loss Assessment - Limit**	Enter limit: The limit amount for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	**Loss Assessment - Premium**	Enter amount: The premium for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	**Mine Subsidence - Limit**	Enter limit: The limit for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	**Mine Subsidence - Const Material**	Enter code: The type of construction material.
OPTIONAL COVERAGES - ENDORSEMENTS	**Mine Subsidence - Property Desc**	Enter text: The description of the property.
OPTIONAL COVERAGES - ENDORSEMENTS	**Mine Subsidence - Premium**	Enter amount: The premium for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	**Office, Professional Private School, Studio - Residence Premises - Requires Incr Contents (checkbox)**	Check the box (if applicable): Indicates that increased contents is required for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	**Office, Professional Private School, Studio - Residence Premises - Incr Contents Limit**	Enter limit: The increased contents limit for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	**Incr Cont Not Required (checkbox)**	Check the box (if applicable): Indicates that increased contents is not required for office, professional private school, studio - residence premises coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Other Structures	Enter limit: The other structures limit for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Med Pay	Enter Y for a "Yes" response. Input N for "No" response. Indicates if medical payments is included in the office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The territory for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Structure Type	Enter code: The type of structure for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Business / Structure Description	Enter text: The description of the business or structure for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for office, professional private school, studio - residence premises coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Other Structures - Individual Structure - Limit	Enter limit: The limit for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Structure Desc	Enter text: The description of the individual structure for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for other structures - individual structure coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Plants, Shrubs & Trees - Included (checkbox)	Check the box (if applicable): Indicates that plants, shrubs and trees coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Plants, Shrubs & Trees - Limit	Enter limit: The limit for plants, shrubs and trees coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Plants, Shrubs & Trees - Premium	Enter amount: The premium for plants, shrubs and trees coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Refrigerated Food Products - Included	Check the box (if applicable): Indicates that refrigerated food products coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Refrigerated Food Products - Limit	Enter amount: The limit for refrigerated food products coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Refrigerated Food Products - Premium	Enter amount: The premium for refrigerated food products coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Sink Hole Collapse - Included	Check the box (if applicable): Indicates sink hole collapse coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Sink Hole Collapse - Premium	Enter amount: The premium for sink hole collapse.

OPTIONAL COVERAGES - ENDORSEMENTS	Unit-Owners Additions & Alterations Special Coverage - Included	Check the box (if applicable): Indicates unit owners additions and alterations special coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Unscheduled Jewelry, Watches, Furs - Aggregate	Enter limit: The aggregate limit for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Increased	Enter limit: The increased limit for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for unscheduled jewelry, watches and furs coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Water Backup of Sewers & Drains - Included	Check the box (if applicable): Indicates water backup of sewers and drains coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Watercraft Liability - Limit	Enter limit: The limit for watercraft liability coverage if you are not using a Watercraft application.
OPTIONAL COVERAGES - ENDORSEMENTS	Watercraft Liability - Premium	Enter amount: The premium for watercraft liability coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Watercraft Physical Damage Physical Damage - Limit	Enter limit: The limit for watercraft physical damage coverage if you are not using a Watercraft application.
OPTIONAL COVERAGES - ENDORSEMENTS	Watercraft Physical Damage - Premium	Enter amount: The premium for watercraft physical damage coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Windstorm Exclusion - Yes	Check the box (if applicable): Indicates that windstorm exclusion applies. As used here, this is not applicable in Arkansas.
OPTIONAL COVERAGES - ENDORSEMENTS	Windstorm Exclusion - Premium	Enter amount: The premium for windstorm exclusion.
OPTIONAL COVERAGES - ENDORSEMENTS	Workers Compensation - Full Time Inservant - # of Employees	Enter number: The number of employees associated with workers compensation full time In Servant coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for workers compensation full time In Servant coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Coverage Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Coverage Description	Enter text: The description of the coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Coverage Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).

OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Code	Enter code: The code associated with the type of coverage being requested.
OPTIONAL COVERAGES - ENDORSEMENTS	Coverage Description	Enter text: The description of the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Options	Enter text: The description of options applicable to the coverage (e.g. Included, Excluded, Rejected, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1	Enter amount: The first limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 1 Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2	Enter amount: The second limit associated with the coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Limit 2 Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Territory	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Yes / No	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
GENERAL INFORMATION	Any other insurance with this company?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any other insurance with this company?".
GENERAL INFORMATION	Line Of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
GENERAL INFORMATION	Line Of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
GENERAL INFORMATION	Any coverage declined, cancelled, or non-renewed during the last 3 years? Not applicable for applications for auto insurance.	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any coverage declined, cancelled or non-renewed during the mandated number of years (Missouri Applicants - Do not answer this question)?". As used here, this is not applicable for applications for auto insurance. Missouri applicant: Do not answer this question.
GENERAL INFORMATION		Enter text: An explanation of any coverage declined within the last 3 years.
GENERAL INFORMATION	Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past specified number of years?".
GENERAL INFORMATION		Enter text: An explanation of any foreclosures or bankruptcies.

Section Name	Field Name	Description
GENERAL INFORMATION	**Has applicant had a judgement or lien during the past five (5) years?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has applicant had a judgement or lien during the past specified number of years?".
GENERAL INFORMATION		Enter text: An explanation of any judgment or liens within the last 5 years
GENERAL INFORMATION	**Any other residence, not listed on any application, owned, occupied or rented?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any other residence, not listed on any application, owned, occupied or rented?".
GENERAL INFORMATION		Enter text: An explanation of any other residence owned or occupied.

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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 (Continued)	**Has insurance been transferred within agency?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has insurance been transferred within agency?".
GENERAL INFORMATION (Continued)		Enter text: An explanation of insurance transferred within the agency.
GENERAL INFORMATION (Continued)	**Does applicant own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc.), not scheduled on this policy?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Does the applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATVs, etc.), not scheduled on this policy?".
GENERAL INFORMATION (Continued)	**Year**	Enter year: The model year of the vehicle.
GENERAL INFORMATION (Continued)	**Make**	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
GENERAL INFORMATION (Continued)	**Model**	Enter text: The manufacturer's model name for the vehicle.
GENERAL INFORMATION (Continued)	**Body Type**	Enter code: The body type of the vehicle.
GENERAL INFORMATION (Continued)	**Year**	Enter year: The model year of the vehicle.

GENERAL INFORMATION (Continued)	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
GENERAL INFORMATION (Continued)	Model	Enter text: The manufacturer's model name for the vehicle.
GENERAL INFORMATION (Continued)	Body Type	Enter code: The body type of the vehicle.
GENERAL INFORMATION (Continued)	During the last five (5) years [ten (10) in Rhode Island], has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "During the last five (5) years [ten (10) years in Rhode Island], has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any other property? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)".
GENERAL INFORMATION (Continued)		Enter text: An explanation of applicant convicted of fraud, bribery or arson.
GENERAL INFORMATION - RESIDENTIAL	LOC #	Enter number: The producer assigned number of the location.
GENERAL INFORMATION - RESIDENTIAL	1. Any business conducted on premises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any business conducted on premises?".
GENERAL INFORMATION - RESIDENTIAL	Farming (checkbox)	Check the box (if applicable): Indicates farming is done on the premises.
GENERAL INFORMATION - RESIDENTIAL	Telecommuter (checkbox)	Check the box (if applicable): Indicates an individual telecommutes from the premises.
GENERAL INFORMATION - RESIDENTIAL	Day Care (checkbox)	Check the box (if applicable): Indicates a day care is run from the premises.
GENERAL INFORMATION - RESIDENTIAL	Day Care # of children (checkbox)	Enter number: The number of children attending the day care.
GENERAL INFORMATION - RESIDENTIAL	Home Office / business (checkbox)	Check the box (if applicable): Indicates a home office or business is on the premises.
GENERAL INFORMATION - RESIDENTIAL	Other	Check the box (if applicable): Indicates business is conducted on the premises other than those listed.
GENERAL INFORMATION - RESIDENTIAL	Other Description	Enter text: The description of the business conducted on the premises.

GENERAL INFORMATION - RESIDENTIAL	2. Any residence employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any residence employees?".
GENERAL INFORMATION - RESIDENTIAL	# of Full Time Employees	Enter number: The number of full time residence employees.
GENERAL INFORMATION - RESIDENTIAL	Description of Full Time Employees	Enter text: The description of the type of work performed by full time residence employees.
GENERAL INFORMATION - RESIDENTIAL	# of Part Time Employees	Enter number: The number of part time residence employees.
GENERAL INFORMATION - RESIDENTIAL	Description of Part Time Employees	Enter text: The description of the type of work performed by part time residence employees.
GENERAL INFORMATION - RESIDENTIAL	3. Any flooding, brush, forest fire or landslide hazard?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any flooding, brush, forest fire or landslide hazard?".
GENERAL INFORMATION - RESIDENTIAL	Hazards - Description	Enter text: An explanation of any flooding, brush, forest fire or landslide hazard.
GENERAL INFORMATION - RESIDENTIAL	4. Are there any animals or exotic pets kept on the premises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Are there any animals or exotic pets on the premises?".
GENERAL INFORMATION - RESIDENTIAL	Animals - Animal Type	Enter code: The type of animal (e.g., cat, dog, horse, etc.)
GENERAL INFORMATION - RESIDENTIAL	Animals - Breed	Enter code: The breed of the animal (e.g., Doberman, German Shepherd, etc.)
GENERAL INFORMATION - RESIDENTIAL	Animals - Bite History	Enter Y for a "Yes" response. Input N for "No" response. Indicates if any animal currently in the household has ever been involved in a bite incident.
GENERAL INFORMATION - RESIDENTIAL	Animals - Animal Type	Enter code: The type of animal (e.g., cat, dog, horse, etc.)
GENERAL INFORMATION - RESIDENTIAL	Animals - Breed	Enter code: The breed of the animal (e.g., Doberman, German Shepherd, etc.)
GENERAL INFORMATION - RESIDENTIAL	Animals - Bite History	Enter Y for a "Yes" response. Input N for "No" response. Indicates if any animal currently in the household has ever been involved in a bite incident.
GENERAL INFORMATION - RESIDENTIAL	5. Is property situated on more than one acre?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is property situated on more than 1 acre?".
GENERAL INFORMATION - RESIDENTIAL	Number of acres	Enter number: The total area of the land in acres.

GENERAL INFORMATION - RESIDENTIAL	Land Used for	Enter text: The description of what the land is used for.
GENERAL INFORMATION - RESIDENTIAL	6. Any uncorrected fire or building code violations?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any uncorrected fire or building code violations?".
GENERAL INFORMATION - RESIDENTIAL	Description	Enter text: An explanation of or any uncorrected fire or building code violations.
GENERAL INFORMATION - RESIDENTIAL	7. Is the dwelling / mobile home for sale?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the dwelling/mobile home for sale?".
GENERAL INFORMATION - RESIDENTIAL	8. Is property within 300 ft. of a commercial or non-Residential property	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the property within 300 feet of a commercial or non-residential property?".
GENERAL INFORMATION - RESIDENTIAL		Enter text: An explanation if property is within 300 ft. of a commercial or non-residential property.
GENERAL INFORMATION - RESIDENTIAL	9. Is there a trampoline on the premises	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there a trampoline on the premises?".
GENERAL INFORMATION - RESIDENTIAL	Trampoline - Safety Net	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the trampoline on the premises has a safety net.
GENERAL INFORMATION - RESIDENTIAL	10. Was the structure originally built for other than private residence and then converted?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Was the structure originally built for other than a private residence and then converted?".
GENERAL INFORMATION - RESIDENTIAL	Original Occupancy	Enter text: The description of the original occupancy of the building.
GENERAL INFORMATION - RESIDENTIAL	11. Any lead paint?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any lead paint?".
GENERAL INFORMATION - RESIDENTIAL	Lead Paint - Description	Enter text: An explanation of any lead paint on the premises.
GENERAL INFORMATION - RESIDENTIAL	12. If a fuel tank is on premises, has other insurance been obtained for the tank?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "If a fuel tank is on premises, has other insurance been obtained for the tank?".
GENERAL INFORMATION - RESIDENTIAL	Insurance Company	Enter text: The insurer name on any other applicable insurance.
GENERAL INFORMATION - RESIDENTIAL	Limit	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

GENERAL INFORMATION - RESIDENTIAL	Clean-up / Sub Limit	Enter limit: The other policy, coverage sub limit amount.
GENERAL INFORMATION - RESIDENTIAL	13. Is the residence in a gated community?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the residence in a gated community?".
GENERAL INFORMATION - RESIDENTIAL	Community - Name of Community	Enter text: The name of the gated community.
GENERAL INFORMATION - RESIDENTIAL	14. If building under construction, is the applicant the general contractor?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "If building is under construction, is the applicant the general contractor?".
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Start Date	Enter date: The date construction began.
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Completion Date	Enter date: The estimated completion date for this construction project.
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Int %	Enter percentage: The percentage of construction taking place in the interior of the structure.
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Ext %	Enter percentage: The percentage of construction taking place in the exterior of the structure.
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Addition Sq. Ft.	Enter number: The total area of the addition under construction in square feet.
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Additional Level Sq. Ft.	Enter number: The total area of the additional level under construction in square feet.
GENERAL INFORMATION - RESIDENTIAL	Any structural changes?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there will be structural changes as part of the construction.
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Material Unattached Included	Check the box (if applicable): Indicates materials that are not attached to the structure are included.
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Material Unattached Excluded	Check the box (if applicable): Indicates materials that are not attached to the structure are excluded.
GENERAL INFORMATION - RESIDENTIAL	House Occupied during renovation?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the structure will be occupied during construction and renovation.
GENERAL INFORMATION - RESIDENTIAL	General Contractor - Cost of Project.	Enter amount: The total cost of construction of the structure

GENERAL INFORMATION - RESIDENTIAL	**15. Is there a carbon monoxide alarm, in operating condition, within the mandated number of feet of every room used for sleeping purposes?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there an approved carbon monoxide alarm in operating condition within the mandated number of feet of every room used for sleeping purposes?".
GENERAL INFORMATION - RESIDENTIAL	**16. Is the named insured the owner of the property? (If "NO", provide the name of the owner).**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, " Is the named insured the owner of the property?". As used here, if no, provide the name of the owner.
GENERAL INFORMATION - RESIDENTIAL	**Owner's Name**	Enter text: The additional interest's full name. As used here, this is the name of the owner of the property.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	**LOC #**	Enter number: The producer assigned number of the location.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	**1. Is there is a manager on the premises?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there a manager on the premises?". As used here, if yes, provide the full name of the manager and the manager's phone number, including area code. A "No" response does not require an explanation.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	**Manager's Name**	Enter text: Provide the full name of the manger. A "No" response does not require an explanation.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	**Phone Number**	Enter number: The phone number of the manager of the structure.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	**2. Is there a security attendant?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there a security attendant?". As used here, explain a "No" response to the question.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY	**Description**	Enter text: An explanation if no security attendant is provided on the premises. As used here, explain a "No" response to the question.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY (Continued)	**3. Is the building entrance locked?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the building entrance locked?". As used here, explain a "No" response to the question.
GENERAL INFORMATION - RENTERS AND CONDOS ONLY (Continued)	**Description**	Enter text: An explanation if building entrance is not locked. As used here, explain a "No" response to the question.

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 INTEREST	**Interest Additional Insured**	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	**Lienholder**	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	**Loss Payee**	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	**Mortgagee**	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	**Trustee**	Check the box (if applicable): Indicates the additional interest type is a trustee.
ADDITIONAL INTEREST	**Other**	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	**Other Description**	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST	**Rank:**	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	**Certificate Required**	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST	**Send Bill**	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
ADDITIONAL INTEREST	**Name And Address**	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST		Enter code: The additional interest's country code.
ADDITIONAL INTEREST	**Reference / Loan #:**	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	**Interest in Item Number Location:**	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	**Building:**	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	**Vehicle:**	Enter number: The producer assigned number of the vehicle which has an additional interest.

ADDITIONAL INTEREST	Boat:	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Item Class:	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item:	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description:	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
ADDITIONAL INTEREST	Interest Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	Lienholder	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Trustee	Check the box (if applicable): Indicates the additional interest type is a trustee.
ADDITIONAL INTEREST	Other	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	Other Description	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST	Rank:	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Certificate Required	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST	Send Bill	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
ADDITIONAL INTEREST	Name And Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST		Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Reference / Loan #:	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.

ADDITIONAL INTEREST	Interest in Item Number Location:	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Building:	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	Vehicle:	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Boat:	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Item Class:	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item:	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description:	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
REMARKS / ATTACHMENTS	Earthquake Application	Check the box (if applicable): Indicates an earthquake application is attached.
REMARKS / ATTACHMENTS	Flood Exclusion Notice	Check the box (if applicable): Indicates a flood exclusion notice is attached.
REMARKS / ATTACHMENTS	Lead Free Paint Certification	Check the box (if applicable): Indicates a lead free paint certification is attached.
REMARKS / ATTACHMENTS	Mobile Home Supplement	Check the box (if applicable): Indicates a mobile home supplement is attached to the application.
REMARKS / ATTACHMENTS	Pers Inland Marine Section	Check the box (if applicable): Indicates an inland marine application is attached.
REMARKS / ATTACHMENTS	Personal Umbrella Application Section	Check the box (if applicable): Indicates a personal umbrella section is attached to the policy.
REMARKS / ATTACHMENTS	Photograph	Check the box (if applicable): Indicates a photograph is attached.
REMARKS / ATTACHMENTS	Protection Device Certificate	Check the box (if applicable): Indicates a protection device certificate is attached.
REMARKS / ATTACHMENTS	Replacement Cost Estimate	Check the box (if applicable): Indicates a replacement cost estimate is attached.
REMARKS / ATTACHMENTS	Residence Based Businesses Supp	Check the box (if applicable): Indicates a residence based business supplement is attached.
REMARKS / ATTACHMENTS	Solid Fuel Supplement	Check the box (if applicable): Indicates a solid fuel supplement is attached.
REMARKS / ATTACHMENTS	State Supplement(s)	Check the box (if applicable): Indicates a state supplement form is attached (if applicable).
REMARKS / ATTACHMENTS	Watercraft Section	Check the box (if applicable): Indicates a watercraft application is attached.
REMARKS / ATTACHMENTS	Windstorm Loss Mitigation	Check the box (if applicable): Indicates a windstorm loss mitigation form is attached.
REMARKS / ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed.

REMARKS / ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed.
REMARKS / ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Remarks / Attachments	Enter text: The general remarks associated with this line of business. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. As used here, ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
BINDER / NOTICE OF INFORMATION PRACTICES	Effective Date	Enter date: The date on which the terms and conditions of the binder commenced. This date normally coincides with the effective date of the policy or of an endorsement to the policy.
BINDER / NOTICE OF INFORMATION PRACTICES	Time	Enter time: The time of day on the effective date in which the terms and conditions of the binder will commence.
BINDER / NOTICE OF INFORMATION PRACTICES	Expiration Date	Enter date: The date on which the terms and conditions of the policy will or have expired. Certain state laws limit the terms of a binder, so this date may not coincide with the policy expiration date.
BINDER / NOTICE OF INFORMATION PRACTICES	12:01 AM	Check the box (if applicable): Indicates the binder expires at 12:01 AM on the expiration date.
BINDER / NOTICE OF INFORMATION PRACTICES	Noon	Check the box (if applicable): Indicates the binder expires at 12:00 noon on the expiration date.
BINDER / NOTICE OF INFORMATION PRACTICES	Coverage is not bound	Check the box (if applicable): Indicates the coverage has not been bound.
BINDER / NOTICE OF INFORMATION PRACTICES	Applicant's Initials	Initial here: The named insured's initials. As used here, indicates the named insured has read and understands the credit reporting information.
BINDER / NOTICE OF INFORMATION PRACTICES	Copy of the Notice of Information Practices Privacy has been given to the applicant. Not applicable in all states, consult your agent or broker for your state's requirements.	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.

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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).

FRAUD STATEMENTS / 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.
FRAUD STATEMENTS / SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
FRAUD STATEMENTS / SIGNATURE	State Producer License No (Required in FL)	Enter identifier: The State License Number of the producer.
FRAUD STATEMENTS / SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
FRAUD STATEMENTS / SIGNATURE	Date	Enter date: The date the form was signed by the named insured. (MM/DD/YYYY)
FRAUD STATEMENTS / 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.