

## ACORD 83 (2013/09) - Personal Umbrella Application

ACORD 83, Personal Umbrella Application, is used to capture Personal Umbrella or Personal Excess insurance policies. These policies are personal lines insurance contracts that provide for indemnification of third parties as a result of damages and/or injuries sustained due to the insured's negligence with respect to personal acts. Coverage for negligence arising out of any professional activities and nearly all business pursuits conducted by the insured is normally excluded. It is important to note that personal umbrellas normally provide personal injury in addition to bodily injury coverage. While the latter coverage deals solely with physical injuries, the former includes "injuries" sustained as a result of libel, slander, defamation of character, false arrest and other "non-physical" perils.

Personal umbrellas typically operate in excess of or "overlay" the primary liability coverage contained in other personal lines insurance contracts such as private passenger auto, homeowners and watercraft. Coverage limits are written on a combined single limit (CSL) basis. In some cases, Personal umbrellas may provide basic or "first dollar" coverage for certain types of negligence for which there is no primary coverage. Personal umbrellas can also overlay coverages afforded under certain commercial insurance contracts such as owners, landlords and tenants liability policies. They also provide that the insurer will pay legal defense costs on a first-dollar basis in addition to the policy limits. The majority of personal umbrellas contain a provision for a retained limit which effectively operates as a per occurrence deductible.

Although insurance coverage afforded by a personal umbrella is typically operative "worldwide" and specific units at risk (such as automobiles) may be related to locations in varying geographical locations (rotary territories), premiums are developed on the basis of unique personal umbrella rates applicable at the insured's primary residence. No known requirement for allocating premiums back to other exposure locations exists.

The underwriting process for any personal lines policy begins with the submission of a completed application.

In South Dakota, use of ACORD 61 SD is mandatory with this form.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Address Line One	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Address Line Two	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION	Zip + 4	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.

<b>IDENTIFICATION SECTION</b>	<b>Phone</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Fax</b>	Enter number: The fax number of the producer / agency.
<b>IDENTIFICATION SECTION</b>	<b>E-Mail Address</b>	Enter text: The producer's contact person's e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., person) within a producer's office (e.g., agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Plan</b>	Enter code: The product code assigned by the insurer for the policy.
<b>IDENTIFICATION SECTION</b>	<b>Facility Code</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>IDENTIFICATION SECTION</b>	<b>Applicant's Name and Mailing Address</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Address Line One</b>	Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>	<b>Address Line Two</b>	Enter text: The named insured's mailing address line two.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The named insured's mailing address city name.
<b>IDENTIFICATION SECTION</b>	<b>County</b>	Enter text: The named insured's physical address county name.
<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The named insured's mailing address state or province code.
<b>IDENTIFICATION SECTION</b>	<b>Zip + 4</b>	Enter code: The named insured's mailing address postal code.

<b>IDENTIFICATION SECTION</b>	<b>Date at Curr Res</b>	Enter date: The date insured moved into their current residence. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Primary Phone #</b>	Enter number: The named insured's primary phone number.
<b>IDENTIFICATION SECTION</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
<b>IDENTIFICATION SECTION</b>	<b>Bus</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.
<b>IDENTIFICATION SECTION</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
<b>IDENTIFICATION SECTION</b>	<b>Secondary Phone #</b>	Enter number: The named insured's secondary phone number.
<b>IDENTIFICATION SECTION</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
<b>IDENTIFICATION SECTION</b>	<b>Bus</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
<b>IDENTIFICATION SECTION</b>	<b>Cell</b>	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
<b>IDENTIFICATION SECTION</b>	<b>Primary E-Mail Address</b>	Enter text: The named insured's primary e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Secondary E-Mail Address</b>	Enter text: The named insured's secondary e-mail address.
<b>UMBRELLA INFORMATION</b>	<b>Policy Amount</b>	Enter limit: The policy liability limit for personal umbrella coverage.
<b>UMBRELLA INFORMATION</b>	<b>Retention</b>	Enter amount: The amount of liability retained by the insured. Retention is usually expressed in whole dollars, but can be a percentage.
<b>UMBRELLA INFORMATION</b>	<b>Uninsured Motorist</b>	Enter limit: The limit for personal umbrella uninsured motorist coverage. As used here, if applicable in your state.
<b>UMBRELLA INFORMATION</b>	<b>Underinsured Motorist</b>	Enter limit: The limit for personal umbrella underinsured motorist coverage. As used here, if applicable in your state.
<b>UMBRELLA INFORMATION</b>	<b>Other Coverage Code</b>	Enter code: The code associated with the type of coverage being requested.
<b>UMBRELLA INFORMATION</b>	<b>Other Description</b>	Enter text: The description of other underlying coverages.
<b>UMBRELLA INFORMATION</b>	<b>Other Limit</b>	Enter limit: The limit for the coverage.
<b>UMBRELLA INFORMATION</b>	<b>Other Coverage Code</b>	Enter code: The code associated with the type of coverage being requested.
<b>UMBRELLA INFORMATION</b>	<b>Other Description</b>	Enter text: The description of other underlying coverages.
<b>UMBRELLA INFORMATION</b>	<b>Other Limit</b>	Enter limit: The limit for the coverage.
<b>UMBRELLA INFORMATION</b>	<b>Premiums - Basic</b>	Enter amount: The premium for basic personal umbrella coverage.
<b>UMBRELLA INFORMATION</b>	<b>Residences</b>	Enter amount: The premium for residences.
<b>UMBRELLA INFORMATION</b>	<b>Automobiles</b>	Enter amount: The premium for automobiles.
<b>UMBRELLA INFORMATION</b>	<b>Recreational Vehicles</b>	Enter amount: The premium for recreational vehicles.

<b>UMBRELLA INFORMATION</b>	<b>Uninsured Motorist</b>	Enter amount: The premium for uninsured motorist coverage.
<b>UMBRELLA INFORMATION</b>	<b>Underinsured Motorist</b>	Enter amount: The premium for underinsured motorist coverage.
<b>UMBRELLA INFORMATION</b>	<b>Watercraft</b>	Enter amount: The premium for watercraft.
<b>UMBRELLA INFORMATION</b>	<b>Other</b>	Enter text: The description of other underlying coverages.
<b>UMBRELLA INFORMATION</b>	<b>Other Amount</b>	Enter amount: The premium for the coverage.
<b>UMBRELLA INFORMATION</b>	<b>Deposit</b>	Enter amount: The amount of the premium received as a deposit.
<b>UMBRELLA INFORMATION</b>	<b>Estimated Total Premium</b>	Enter amount: The estimated total cost amount of the policy.
<b>UMBRELLA INFORMATION</b>	<b>Calculations</b>	Enter text: The insurance company may require use of specific multipliers or factors which can be shown here.
<b>PRIMARY POLICY INFORMATION</b>	<b>Company</b>	Enter text: The full name of the insurer of the underlying automobile policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the underlying automobile policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Eff</b>	Enter date: The effective date of the underlying automobile policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Exp</b>	Enter date: The expiration date of the underlying automobile policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Liability Ea Per</b>	Enter limit: The bodily injury each person limit on the underlying automobile policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Liability Ea Acc or CSL</b>	Enter limit: The bodily injury each accident limit or combined single limit on the underlying automobile policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Property Damage Ea Acc</b>	Enter limit: The property damage each accident limit on the underlying automobile policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Uninsured Motorists Ea Per</b>	Enter limit: The uninsured motorists bodily injury each person limit on the underlying automobile policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Uninsured Motorists Ea Acc or CSL</b>	Enter limit: The uninsured motorists bodily injury each accident or combined single limit on the underlying automobile policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>PD Ea Acc</b>	Enter limit: The uninsured motorists property damage each accident limit on the underlying automobile policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Company Name</b>	Enter text: The full name of the insurer of the underlying homeowners policy.

<b>PRIMARY POLICY INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the underlying homeowners policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Eff</b>	Enter date: The effective date of the underlying homeowners policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Exp</b>	Enter date: The expiration date of the underlying homeowners policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Personal Liability Ea Occ</b>	Enter limit: The liability limit on the underlying homeowners policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Company Name</b>	Enter text: The full name of the insurer of the underlying dwelling fire policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the underlying dwelling fire policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Eff</b>	Enter date: The effective date of the underlying dwelling fire policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Exp</b>	Enter date: The expiration date of the underlying dwelling fire policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Personal Liability Ea Occ</b>	Enter limit: The liability limit on the underlying dwelling fire policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Company Name</b>	Enter text: The full name of the insurer of the underlying watercraft policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the underlying watercraft policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Eff</b>	Enter date: The effective date of the underlying watercraft policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Exp</b>	Enter date: The expiration date of the underlying watercraft policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Liability Ea Per</b>	Enter limit: The bodily injury each person limit on the underlying watercraft policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Liability Ea Acc or CSL</b>	Enter limit: The bodily injury each accident or combined single limit on the underlying watercraft policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Property Damage Ea Acc</b>	Enter limit: The property damage each accident limit on the underlying watercraft policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Uninsured Boaters Ea Per</b>	Enter limit: The uninsured motorists (boaters) bodily injury each person limit on the underlying watercraft policy.

<b>PRIMARY POLICY INFORMATION</b>	<b>Uninsured Boaters Ea Acc or CSL</b>	Enter limit: The uninsured motorists (boaters) bodily injury each accident or combined single limit on the underlying watercraft policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>PD Ea Acc</b>	Enter limit: The uninsured motorists (boaters) property damage each accident limit on the underlying watercraft policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Company Name</b>	Enter text: The full name of the insurer of the underlying recreation vehicle policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number on the underlying recreational vehicle policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Eff</b>	Enter date: The effective date of the underlying recreational vehicle policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Exp</b>	Enter date: The expiration date of the underlying recreational vehicle policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Liability Ea Per</b>	Enter limit: The bodily injury each person limit on the underlying recreational vehicle policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Liability Ea Acc or CSL</b>	Enter limit: The bodily injury each accident or combined single limit on the underlying recreational vehicle policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Property Damage</b>	Enter limit: The property damage each accident limit on the underlying recreational vehicle policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Uninsured Motorists Ea Per</b>	Enter limit: The uninsured motorists bodily injury each person limit on the underlying recreational vehicle policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Uninsured Motorists Ea Acc or CSL</b>	Enter limit: The uninsured motorists bodily injury each accident or combined single limit on the underlying recreational vehicle policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>PD Ea Acc</b>	Enter limit: The uninsured motorists property damage each accident limit on the underlying recreational vehicle policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Company Name</b>	Enter text: The full name of the insurer of the underlying employers liability policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the underlying employers liability policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Eff</b>	Enter date: The effective date of the underlying employers liability policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Exp</b>	Enter date: The expiration date of the underlying employers liability policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Employers Liability Limit</b>	Enter limit: The limit of the underlying employers liability policy.

<b>PRIMARY POLICY INFORMATION</b>	<b>Type of Policy</b>	Enter text: The description of the underlying policy type.
<b>PRIMARY POLICY INFORMATION</b>	<b>Company Name</b>	Enter text: The full name of the insurer of the underlying policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The policy number of the underlying policy.
<b>PRIMARY POLICY INFORMATION</b>	<b>Eff</b>	Enter date: The effective date of the underlying policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Exp</b>	Enter date: The expiration date of the underlying policy. (MM/DD/YYYY)
<b>PRIMARY POLICY INFORMATION</b>	<b>Other Coverage Description</b>	Enter text: The description of the coverage.
<b>PRIMARY POLICY INFORMATION</b>	<b>Other Coverage Limit</b>	Enter limit: The limit on the underlying policy.
<b>PAYMENT PLAN</b>	<b>Billing Account #</b>	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.
<b>PAYMENT PLAN</b>	<b>Deposit Amount \$</b>	Enter amount: The amount of the premium received as a deposit.
<b>PAYMENT PLAN</b>	<b>Est Total Premium \$</b>	Enter amount: The estimated total cost amount of the policy.
<b>PAYMENT PLAN</b>	<b>Direct Bill - Policy</b>	Check the box (if applicable): Indicates if the policy is to be direct billed.
<b>PAYMENT PLAN</b>	<b>Direct Bill - Acct</b>	Check the box (if applicable): Indicates if the account is to be direct billed.
<b>PAYMENT PLAN</b>	<b>Agency Bill</b>	Check the box (if applicable): Indicates if the policy is to be producer / agency billed.
<b>PAYMENT PLAN</b>	<b>Full Pay</b>	Check the box (if applicable): Indicates a full payment will be made on the policy.
<b>PAYMENT PLAN</b>	<b>Annual</b>	Check the box (if applicable): Indicates the policy will be paid annually.
<b>PAYMENT PLAN</b>	<b>Semi-Annual</b>	Check the box (if applicable): Indicates the policy will be paid semi-annually.
<b>PAYMENT PLAN</b>	<b>Quarterly</b>	Check the box (if applicable): Indicates the policy will be paid quarterly.
<b>PAYMENT PLAN</b>	<b>Bi-Monthly</b>	Check the box (if applicable): Indicates the policy will be paid bi-monthly.
<b>PAYMENT PLAN</b>	<b>Monthly</b>	Check the box (if applicable): Indicates the policy will be paid monthly.
<b>PAYMENT PLAN</b>	<b>Other</b>	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.

<b>PAYMENT PLAN</b>	<b>Other Description</b>	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
<b>PAYMENT PLAN</b>	<b>Payment Method - Cash</b>	Check the box (if applicable): Indicates the invoice will be paid in cash.
<b>PAYMENT PLAN</b>	<b>Check</b>	Check the box (if applicable): Indicates the invoice will be paid by check.
<b>PAYMENT PLAN</b>	<b>Credit Card</b>	Check the box (if applicable): Indicates the invoice will be paid by credit card.
<b>PAYMENT PLAN</b>	<b>EFT</b>	Check the box (if applicable): Indicates the invoice will be paid using electronic funds transfer (EFT).
<b>PAYMENT PLAN</b>	<b>Payroll Deduction</b>	Check the box (if applicable): Indicates the invoice will be paid by payroll deduction.
<b>PAYMENT PLAN</b>	<b>Pre-authorization Draft/Check (PAC)</b>	Check the box (if applicable): Indicates the invoice will be paid by a pre-authorized check or draft.
<b>PAYMENT PLAN</b>	<b>Other</b>	Check the box (if applicable): Indicates the invoice will be paid by a means other than those listed.
<b>PAYMENT PLAN</b>	<b>Other Description</b>	Enter text: The method the invoice will be paid.
<b>PAYMENT PLAN</b>	<b>Agent</b>	Check the box (if applicable): Indicates if the policy paper should be sent to the producer.
<b>PAYMENT PLAN</b>	<b>Insured</b>	Check the box (if applicable): Indicates if the policy paper should be mailed directly to the named insured.
<b>PAYMENT PLAN</b>	<b>Other</b>	Check the box (if applicable): Indicates if the policy paper should be mailed to other than the agent or applicant.
<b>PAYMENT PLAN</b>	<b>Other Description</b>	Enter text: The description to whom the policy paper should be mailed.
<b>PAYMENT PLAN</b>	<b>Payor Insured</b>	Check the box (if applicable): Indicates the payor of the policy is the insured.
<b>PAYMENT PLAN</b>	<b>Mortgagee</b>	Check the box (if applicable): Indicates the payor of the policy is the mortgagee.
<b>PAYMENT PLAN</b>	<b>Other</b>	Check the box (if applicable): Indicates the payor of the policy is other than those listed.
<b>PAYMENT PLAN</b>	<b>Other Description</b>	Enter text: The description of the payor of the policy.
<b>PAYMENT PLAN</b>	<b>Premium Financed? Y/N</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the premium has been financed.
<b>PAYMENT PLAN</b>	<b>Finance Company</b>	Enter text: The name of the company financing the premium, if applicable.

**Form Page 2**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).



<b>PRIOR COVERAGE</b>	<b>No Prior Coverage (checkbox)</b>	Check the box (if applicable): Indicates there was no prior coverage.
<b>PRIOR COVERAGE</b>	<b>Prior Carrier</b>	Enter text: The name of the previous insurer.
<b>PRIOR COVERAGE</b>	<b>Prior Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR COVERAGE</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>PROPERTY</b>	<b>#</b>	Enter number: The producer assigned number of the location.
<b>PROPERTY</b>	<b>Location</b>	Enter text: The first address line of the physical location.
<b>PROPERTY</b>		Enter text: The second address line of the physical location.
<b>PROPERTY</b>		Enter text: The city of the physical location.
<b>PROPERTY</b>		Enter text: The county of the physical location.
<b>PROPERTY</b>		Enter code: The state or province of the physical location.
<b>PROPERTY</b>		Enter code: The postal code of the physical location.
<b>PROPERTY</b>	<b>Description</b>	Enter text: The description of the location used to differentiate locations such as vacant land, apartment buildings, townhouses, single family dwellings, farms. Provide the number of acres if farm land.
<b>PROPERTY</b>	<b>Yr Built</b>	Enter year: The year the structure was built (YYYY).
<b>PROPERTY</b>	<b>Interest</b>	Enter text: The interest the insured has in the location (e.g. owner, lessor, lessee, etc.)
<b>PROPERTY</b>	<b>Occupancy</b>	Enter text: The description of the inhabitants of the residence.
<b>PROPERTY</b>	<b>Usage</b>	Enter text: The description of the usage of the residence.
<b>PROPERTY</b>	<b>#</b>	Enter number: The producer assigned number of the location.
<b>PROPERTY</b>	<b>Location</b>	Enter text: The first address line of the physical location.
<b>PROPERTY</b>		Enter text: The second address line of the physical location.
<b>PROPERTY</b>		Enter text: The city of the physical location.
<b>PROPERTY</b>		Enter text: The county of the physical location.
<b>PROPERTY</b>		Enter code: The state or province of the physical location.
<b>PROPERTY</b>		Enter code: The postal code of the physical location.
<b>PROPERTY</b>	<b>Description</b>	Enter text: The description of the location used to differentiate locations such as vacant land, apartment buildings, townhouses, single family dwellings, farms. Provide the number of acres if farm land.

PROPERTY	<b>Yr Built</b>	Enter year: The year the structure was built (YYYY).
PROPERTY	<b>Interest</b>	Enter text: The interest the insured has in the location (e.g. owner, lessor, lessee, etc.)
PROPERTY	<b>Occupancy</b>	Enter text: The description of the inhabitants of the residence.
PROPERTY	<b>Usage</b>	Enter text: The description of the usage of the residence.
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PROPERTY	<b>Location</b>	Enter text: The first address line of the physical location.
PROPERTY		Enter text: The second address line of the physical location.
PROPERTY		Enter text: The city of the physical location.
PROPERTY		Enter text: The county of the physical location.
PROPERTY		Enter code: The state or province of the physical location.
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PROPERTY		Enter text: The second address line of the physical location.
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PROPERTY	<b>Yr Built</b>	Enter year: The year the structure was built (YYYY).
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PROPERTY	<b>Occupancy</b>	Enter text: The description of the inhabitants of the residence.
PROPERTY	<b>Usage</b>	Enter text: The description of the usage of the residence.
PROPERTY	<b>#</b>	Enter number: The producer assigned number of the location.
PROPERTY	<b>Location</b>	Enter text: The first address line of the physical location.
PROPERTY		Enter text: The second address line of the physical location.
PROPERTY		Enter text: The city of the physical location.
PROPERTY		Enter text: The county of the physical location.
PROPERTY		Enter code: The state or province of the physical location.
PROPERTY		Enter code: The postal code of the physical location.
PROPERTY	<b>Description</b>	Enter text: The description of the location used to differentiate locations such as vacant land, apartment buildings, townhouses, single family dwellings, farms. Provide the number of acres if farm land.
PROPERTY	<b>Yr Built</b>	Enter year: The year the structure was built (YYYY).
PROPERTY	<b>Interest</b>	Enter text: The interest the insured has in the location (e.g. owner, lessor, lessee, etc.)
PROPERTY	<b>Occupancy</b>	Enter text: The description of the inhabitants of the residence.
PROPERTY	<b>Usage</b>	Enter text: The description of the usage of the residence.
PROPERTY	<b>#</b>	Enter number: The producer assigned number of the location.
PROPERTY	<b>Location</b>	Enter text: The first address line of the physical location.
PROPERTY		Enter text: The second address line of the physical location.
PROPERTY		Enter text: The city of the physical location.
PROPERTY		Enter text: The county of the physical location.
PROPERTY		Enter code: The state or province of the physical location.
PROPERTY		Enter code: The postal code of the physical location.
PROPERTY	<b>Description</b>	Enter text: The description of the location used to differentiate locations such as vacant land, apartment buildings, townhouses, single family dwellings, farms. Provide the number of acres if farm land.

<b>PROPERTY</b>	<b>Yr Built</b>	Enter year: The year the structure was built (YYYY).
<b>PROPERTY</b>	<b>Interest</b>	Enter text: The interest the insured has in the location (e.g. owner, lessor, lessee, etc.)
<b>PROPERTY</b>	<b>Occupancy</b>	Enter text: The description of the inhabitants of the residence.
<b>PROPERTY</b>	<b>Usage</b>	Enter text: The description of the usage of the residence.
<b>PROPERTY</b>	<b>#</b>	Enter number: The producer assigned number of the location.
<b>PROPERTY</b>	<b>Location</b>	Enter text: The first address line of the physical location.
<b>PROPERTY</b>		Enter text: The second address line of the physical location.
<b>PROPERTY</b>		Enter text: The city of the physical location.
<b>PROPERTY</b>		Enter text: The county of the physical location.
<b>PROPERTY</b>		Enter code: The state or province of the physical location.
<b>PROPERTY</b>		Enter code: The postal code of the physical location.
<b>PROPERTY</b>	<b>Description</b>	Enter text: The description of the location used to differentiate locations such as vacant land, apartment buildings, townhouses, single family dwellings, farms. Provide the number of acres if farm land.
<b>PROPERTY</b>	<b>Yr Built</b>	Enter year: The year the structure was built (YYYY).
<b>PROPERTY</b>	<b>Interest</b>	Enter text: The interest the insured has in the location (e.g. owner, lessor, lessee, etc.)
<b>PROPERTY</b>	<b>Occupancy</b>	Enter text: The description of the inhabitants of the residence.
<b>PROPERTY</b>	<b>Usage</b>	Enter text: The description of the usage of the residence.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>#</b>	Enter number: The producer assigned vehicle number.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Body</b>	Enter code: The body type of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>#</b>	Enter number: The producer assigned vehicle number.

<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>		Enter code: The body type of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>#</b>	Enter number: The producer assigned vehicle number.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Body</b>	Enter code: The body type of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>#</b>	Enter number: The producer assigned vehicle number.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Body</b>	Enter code: The body type of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>#</b>	Enter number: The producer assigned vehicle number.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).

<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Body</b>	Enter code: The body type of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>#</b>	Enter number: The producer assigned vehicle number.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Body</b>	Enter code: The body type of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>#</b>	Enter number: The producer assigned vehicle number.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Body</b>	Enter code: The body type of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>#</b>	Enter number: The producer assigned vehicle number.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>AUTOMOBILES AND RECREATIONAL VEHICLES</b>	<b>Body</b>	Enter code: The body type of the vehicle.

<b>WATERCRAFT</b>	<b>#</b>	Enter number: The producer assigned number for the watercraft.
<b>WATERCRAFT</b>	<b>Year</b>	Enter year: The model year of the watercraft.
<b>WATERCRAFT</b>	<b>Manufacturer</b>	Enter text: The manufacturer of the watercraft.
<b>WATERCRAFT</b>	<b>Model</b>	Enter text: The manufacturer's model name for the watercraft.
<b>WATERCRAFT</b>	<b>Length</b>	Enter number: The length of the watercraft expressed in feet.
<b>WATERCRAFT</b>	<b>Horsepower</b>	Enter number: The horsepower of the engine. There is a method for determining the maximum safe horsepower for a specific boat based on length and width. If the company employs this formula, it may be helpful to make note of the width in remarks.
<b>WATERCRAFT</b>	<b>Max Speed</b>	Enter number: The maximum speed attainable by the watercraft. State if the speed in in miles per hour or knots per hour.
<b>WATERCRAFT</b>	<b>#</b>	Enter number: The producer assigned number for the watercraft.
<b>WATERCRAFT</b>	<b>Power - Inboard</b>	Check the box (if applicable): Indicates the watercraft is propelled by an inboard motor.
<b>WATERCRAFT</b>	<b>Power - Outboard</b>	Check the box (if applicable): Indicates the watercraft is propelled by an outboard motor.
<b>WATERCRAFT</b>	<b>Power - Inboard / Outdrive</b>	Check the box (if applicable): Indicates the watercraft is propelled by an inboard / outdrive motor.
<b>WATERCRAFT</b>	<b>Power - Waterjet</b>	Check the box (if applicable): Indicates the watercraft is propelled by a water jet.
<b>WATERCRAFT</b>	<b>Power - Sail</b>	Check the box (if applicable): Indicates the watercraft is propelled by a sail.
<b>WATERCRAFT</b>	<b>Power - Other</b>	Check the box (if applicable): Indicates the watercraft is propelled by a method other than those listed.
<b>WATERCRAFT</b>	<b>Power - Other Description</b>	Enter text: The method of propulsion of the watercraft.
<b>WATERCRAFT</b>	<b>Waters Navigated - Atlantic</b>	Check the box (if applicable): Indicates the waters navigated is the Atlantic ocean.
<b>WATERCRAFT</b>	<b>Waters Navigated - Great Lakes</b>	Check the box (if applicable): Indicates the waters navigated are the Great Lakes.
<b>WATERCRAFT</b>	<b>Waters Navigated - Inland Waterways</b>	Check the box (if applicable): Indicates the waters navigated are inland waterways. Inland Waterways are all inland bodies of water including lakes and intercoastal waterways, excluding rivers and the Great Lakes.
<b>WATERCRAFT</b>	<b>Waters Navigated - Pacific</b>	Check the box (if applicable): Indicates the waters navigated is the Pacific ocean.
<b>WATERCRAFT</b>	<b>Waters Navigated - Rivers</b>	Check the box (if applicable): Indicates the waters navigated are rivers.
<b>WATERCRAFT</b>	<b>Waters Navigated - Gulf of Mexico</b>	Check the box (if applicable): Indicates the waters navigated is the Gulf Of Mexico.
<b>WATERCRAFT</b>	<b>Waters Navigated - Other</b>	Check the box (if applicable): Indicates the waters navigated are other than those listed.

<b>WATERCRAFT</b>	<b>Waters Navigated - Other Description</b>	Enter text: The waters where the watercraft is predominantly used.
<b>WATERCRAFT</b>	<b>#</b>	Enter number: The producer assigned number for the watercraft.
<b>WATERCRAFT</b>	<b>Year</b>	Enter year: The model year of the watercraft.
<b>WATERCRAFT</b>	<b>Manufacturer</b>	Enter text: The manufacturer of the watercraft.
<b>WATERCRAFT</b>	<b>Model</b>	Enter text: The manufacturer's model name for the watercraft.
<b>WATERCRAFT</b>	<b>Length</b>	Enter number: The length of the watercraft expressed in feet.
<b>WATERCRAFT</b>	<b>Horsepower</b>	Enter number: The horsepower of the engine. There is a method for determining the maximum safe horsepower for a specific boat based on length and width. If the company employs this formula, it may be helpful to make note of the width in remarks.
<b>WATERCRAFT</b>	<b>Max Speed</b>	Enter number: The maximum speed attainable by the watercraft. State if the speed in in miles per hour or knots per hour.
<b>WATERCRAFT</b>	<b>#</b>	Enter number: The producer assigned number for the watercraft.
<b>WATERCRAFT</b>	<b>Power - Inboard</b>	Check the box (if applicable): Indicates the watercraft is propelled by an inboard motor.
<b>WATERCRAFT</b>	<b>Power - Outboard</b>	Check the box (if applicable): Indicates the watercraft is propelled by an outboard motor.
<b>WATERCRAFT</b>	<b>Power - Inboard / Outdrive</b>	Check the box (if applicable): Indicates the watercraft is propelled by an inboard / outdrive motor.
<b>WATERCRAFT</b>	<b>Power - Waterjet</b>	Check the box (if applicable): Indicates the watercraft is propelled by a water jet.
<b>WATERCRAFT</b>	<b>Power - Sail</b>	Check the box (if applicable): Indicates the watercraft is propelled by a sail.
<b>WATERCRAFT</b>	<b>Power - Other</b>	Check the box (if applicable): Indicates the watercraft is propelled by a method other than those listed.
<b>WATERCRAFT</b>	<b>Power - Other Description</b>	Enter text: The method of propulsion of the watercraft.
<b>WATERCRAFT</b>	<b>Waters Navigated - Atlantic</b>	Check the box (if applicable): Indicates the waters navigated is the Atlantic ocean.
<b>WATERCRAFT</b>	<b>Waters Navigated - Great Lakes</b>	Check the box (if applicable): Indicates the waters navigated are the Great Lakes.
<b>WATERCRAFT</b>	<b>Waters Navigated - Inland Waterways</b>	Check the box (if applicable): Indicates the waters navigated are inland waterways. Inland Waterways are all inland bodies of water including lakes and intercoastal waterways, excluding rivers and the Great Lakes.
<b>WATERCRAFT</b>	<b>Waters Navigated - Pacific</b>	Check the box (if applicable): Indicates the waters navigated is the Pacific ocean.
<b>WATERCRAFT</b>	<b>Waters Navigated - Rivers</b>	Check the box (if applicable): Indicates the waters navigated are rivers.



<b>WATERCRAFT</b>	<b>Waters Navigated - Gulf of Mexico</b>	Check the box (if applicable): Indicates the waters navigated is the Gulf Of Mexico.
<b>WATERCRAFT</b>	<b>Waters Navigated - Other</b>	Check the box (if applicable): Indicates the waters navigated are other than those listed.
<b>WATERCRAFT</b>	<b>Waters Navigated - Other Description</b>	Enter text: The waters where the watercraft is predominantly used.
<b>WATERCRAFT</b>	<b>#</b>	Enter number: The producer assigned number for the watercraft.
<b>WATERCRAFT</b>	<b>Year</b>	Enter year: The model year of the watercraft.
<b>WATERCRAFT</b>	<b>Manufacturer</b>	Enter text: The manufacturer of the watercraft.
<b>WATERCRAFT</b>	<b>Model</b>	Enter text: The manufacturer's model name for the watercraft.
<b>WATERCRAFT</b>	<b>Length</b>	Enter number: The length of the watercraft expressed in feet.
<b>WATERCRAFT</b>	<b>Horsepower</b>	Enter number: The horsepower of the engine. There is a method for determining the maximum safe horsepower for a specific boat based on length and width. If the company employs this formula, it may be helpful to make note of the width in remarks.
<b>WATERCRAFT</b>	<b>Max Speed</b>	Enter number: The maximum speed attainable by the watercraft. State if the speed in in miles per hour or knots per hour.
<b>WATERCRAFT</b>	<b>#</b>	Enter number: The producer assigned number for the watercraft.
<b>WATERCRAFT</b>	<b>Power - Inboard</b>	Check the box (if applicable): Indicates the watercraft is propelled by an inboard motor.
<b>WATERCRAFT</b>	<b>Power - Outboard</b>	Check the box (if applicable): Indicates the watercraft is propelled by an outboard motor.
<b>WATERCRAFT</b>	<b>Power - Inboard / Outdrive</b>	Check the box (if applicable): Indicates the watercraft is propelled by an inboard / outdrive motor.
<b>WATERCRAFT</b>	<b>Power - Waterjet</b>	Check the box (if applicable): Indicates the watercraft is propelled by a water jet.
<b>WATERCRAFT</b>	<b>Power - Sail</b>	Check the box (if applicable): Indicates the watercraft is propelled by a sail.
<b>WATERCRAFT</b>	<b>Power - Other</b>	Check the box (if applicable): Indicates the watercraft is propelled by a method other than those listed.
<b>WATERCRAFT</b>	<b>Power - Other Description</b>	Enter text: The method of propulsion of the watercraft.
<b>WATERCRAFT</b>	<b>Waters Navigated - Atlantic</b>	Check the box (if applicable): Indicates the waters navigated is the Atlantic ocean.
<b>WATERCRAFT</b>	<b>Waters Navigated - Great Lakes</b>	Check the box (if applicable): Indicates the waters navigated are the Great Lakes.
<b>WATERCRAFT</b>	<b>Waters Navigated - Inland Waterways</b>	Check the box (if applicable): Indicates the waters navigated are inland waterways. Inland Waterways are all inland bodies of water including lakes and intercoastal waterways, excluding rivers and the Great Lakes.

<b>WATERCRAFT</b>	<b>Waters Navigated - Pacific</b>	Check the box (if applicable): Indicates the waters navigated is the Pacific ocean.
<b>WATERCRAFT</b>	<b>Waters Navigated - Rivers</b>	Check the box (if applicable): Indicates the waters navigated are rivers.
<b>WATERCRAFT</b>	<b>Waters Navigated - Gulf of Mexico</b>	Check the box (if applicable): Indicates the waters navigated is the Gulf Of Mexico.
<b>WATERCRAFT</b>	<b>Waters Navigated - Other</b>	Check the box (if applicable): Indicates the waters navigated are other than those listed.
<b>WATERCRAFT</b>	<b>Waters Navigated - Other Description</b>	Enter text: The waters where the watercraft is predominantly used.
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>First Name</b>	Enter text: The driver's first name (given name).
<b>OPERATORS</b>	<b>Middle Name</b>	Enter text: The driver's middle name or initial (other given name).
<b>OPERATORS</b>	<b>Last Name</b>	Enter text: The driver's last name (surname).
<b>OPERATORS</b>	<b>Sex</b>	Enter code: The gender of the driver.
<b>OPERATORS</b>	<b>Mar Stat</b>	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
<b>OPERATORS</b>	<b>Date of Birth</b>	Enter date: The birth date of the driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>Date Lic</b>	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>Drivers License #</b>	Enter identifier: The driver's license number.
<b>OPERATORS</b>	<b>Lic State</b>	Enter code: The state in which the driver is licensed.
<b>OPERATORS</b>	<b>Social Security #</b>	Enter identifier: The tax identifier (social security number) of the driver.
<b>OPERATORS</b>	<b>Vehicle</b>	Enter number: The producer assigned vehicle number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
<b>OPERATORS</b>	<b>Craft</b>	Enter number: The producer assigned watercraft number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
<b>OPERATORS</b>	<b>Other</b>	Enter text: The annual mileage or any other information required by the insurance company for the driver.

<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>First Name</b>	Enter text: The driver's first name (given name).
<b>OPERATORS</b>	<b>Middle Name</b>	Enter text: The driver's middle name or initial (other given name).
<b>OPERATORS</b>	<b>Last Name</b>	Enter text: The driver's last name (surname).
<b>OPERATORS</b>	<b>Sex</b>	Enter code: The gender of the driver.
<b>OPERATORS</b>	<b>Mar Stat</b>	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
<b>OPERATORS</b>	<b>Date of Birth</b>	Enter date: The birth date of the driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>Date Lic</b>	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>Drivers License #</b>	Enter identifier: The driver's license number.
<b>OPERATORS</b>	<b>Lic State</b>	Enter code: The state in which the driver is licensed.
<b>OPERATORS</b>	<b>Social Security #</b>	Enter identifier: The tax identifier (social security number) of the driver.
<b>OPERATORS</b>	<b>Vehicle</b>	Enter number: The producer assigned vehicle number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
<b>OPERATORS</b>	<b>Craft</b>	Enter number: The producer assigned watercraft number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
<b>OPERATORS</b>	<b>Other</b>	Enter text: The annual mileage or any other information required by the insurance company for the driver.
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>First Name</b>	Enter text: The driver's first name (given name).
<b>OPERATORS</b>	<b>Middle Name</b>	Enter text: The driver's middle name or initial (other given name).
<b>OPERATORS</b>	<b>Last Name</b>	Enter text: The driver's last name (surname).
<b>OPERATORS</b>	<b>Sex</b>	Enter code: The gender of the driver.

<b>OPERATORS</b>	<b>Mar Stat</b>	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
<b>OPERATORS</b>	<b>Date of Birth</b>	Enter date: The birth date of the driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>Date Lic</b>	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>Drivers License #</b>	Enter identifier: The driver's license number.
<b>OPERATORS</b>	<b>Lic State</b>	Enter code: The state in which the driver is licensed.
<b>OPERATORS</b>	<b>Social Security #</b>	Enter identifier: The tax identifier (social security number) of the driver.
<b>OPERATORS</b>	<b>Vehicle</b>	Enter number: The producer assigned vehicle number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
<b>OPERATORS</b>	<b>Craft</b>	Enter number: The producer assigned watercraft number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
<b>OPERATORS</b>	<b>Other</b>	Enter text: The annual mileage or any other information required by the insurance company for the driver.
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>First Name</b>	Enter text: The driver's first name (given name).
<b>OPERATORS</b>	<b>Middle Name</b>	Enter text: The driver's middle name or initial (other given name).
<b>OPERATORS</b>	<b>Last Name</b>	Enter text: The driver's last name (surname).
<b>OPERATORS</b>	<b>Sex</b>	Enter code: The gender of the driver.
<b>OPERATORS</b>	<b>Mar Stat</b>	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
<b>OPERATORS</b>	<b>Date of Birth</b>	Enter date: The birth date of the driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>Date Lic</b>	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>Drivers License #</b>	Enter identifier: The driver's license number.

<b>OPERATORS</b>	<b>Lic State</b>	Enter code: The state in which the driver is licensed.
<b>OPERATORS</b>	<b>Social Security #</b>	Enter identifier: The tax identifier (social security number) of the driver.
<b>OPERATORS</b>	<b>Vehicle</b>	Enter number: The producer assigned vehicle number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
<b>OPERATORS</b>	<b>Craft</b>	Enter number: The producer assigned watercraft number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
<b>OPERATORS</b>	<b>Other</b>	Enter text: The annual mileage or any other information required by the insurance company for the driver.
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>First Name</b>	Enter text: The driver's first name (given name).
<b>OPERATORS</b>	<b>Middle Name</b>	Enter text: The driver's middle name or initial (other given name).
<b>OPERATORS</b>	<b>Last Name</b>	Enter text: The driver's last name (surname).
<b>OPERATORS</b>	<b>Sex</b>	Enter code: The gender of the driver.
<b>OPERATORS</b>	<b>Mar Stat</b>	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
<b>OPERATORS</b>	<b>Date of Birth</b>	Enter date: The birth date of the driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>Date Lic</b>	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>Drivers License #</b>	Enter identifier: The driver's license number.
<b>OPERATORS</b>	<b>Lic State</b>	Enter code: The state in which the driver is licensed.
<b>OPERATORS</b>	<b>Social Security #</b>	Enter identifier: The tax identifier (social security number) of the driver.
<b>OPERATORS</b>	<b>Vehicle</b>	Enter number: The producer assigned vehicle number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
<b>OPERATORS</b>	<b>Craft</b>	Enter number: The producer assigned watercraft number that this driver primarily uses.

<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
<b>OPERATORS</b>	<b>Other</b>	Enter text: The annual mileage or any other information required by the insurance company for the driver.
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>First Name</b>	Enter text: The driver's first name (given name).
<b>OPERATORS</b>	<b>Middle Name</b>	Enter text: The driver's middle name or initial (other given name).
<b>OPERATORS</b>	<b>Last Name</b>	Enter text: The driver's last name (surname).
<b>OPERATORS</b>	<b>Sex</b>	Enter code: The gender of the driver.
<b>OPERATORS</b>	<b>Mar Stat</b>	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
<b>OPERATORS</b>	<b>Date of Birth</b>	Enter date: The birth date of the driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>#</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATORS</b>	<b>Date Lic</b>	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
<b>OPERATORS</b>	<b>Drivers License #</b>	Enter identifier: The driver's license number.
<b>OPERATORS</b>	<b>Lic State</b>	Enter code: The state in which the driver is licensed.
<b>OPERATORS</b>	<b>Social Security #</b>	Enter identifier: The tax identifier (social security number) of the driver.
<b>OPERATORS</b>	<b>Vehicle</b>	Enter number: The producer assigned vehicle number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
<b>OPERATORS</b>	<b>Craft</b>	Enter number: The producer assigned watercraft number that this driver primarily uses.
<b>OPERATORS</b>	<b>% Use</b>	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
<b>OPERATORS</b>	<b>Other</b>	Enter text: The annual mileage or any other information required by the insurance company for the driver.

**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
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<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>OPERATOR INFORMATION</b>	<b>Losses - Number of Years</b>	Enter number: The number of years of loss information required by the insurer.
<b>OPERATOR INFORMATION</b>	<b>Has any auto accident or liability loss on any primary or excess policy occurred, regardless of fault during the last (enter number) years?</b>	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. As used here, indicates if there has been an auto accident or liability loss on a primary or excess policy, regardless of fault.
<b>OPERATOR INFORMATION</b>	<b>Driver #</b>	Enter number: The producer assigned number for the driver involved in the loss, if applicable.
<b>OPERATOR INFORMATION</b>	<b>Date</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
<b>OPERATOR INFORMATION</b>	<b>Description</b>	Enter text: A brief description of the loss.
<b>OPERATOR INFORMATION</b>	<b>Cost</b>	Enter amount: The amount that has been paid on this claim to date.
<b>OPERATOR INFORMATION</b>	<b>Driver #</b>	Enter number: The producer assigned number for the driver involved in the loss, if applicable.
<b>OPERATOR INFORMATION</b>	<b>Date</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
<b>OPERATOR INFORMATION</b>	<b>Description</b>	Enter text: A brief description of the loss.
<b>OPERATOR INFORMATION</b>	<b>Cost</b>	Enter amount: The amount that has been paid on this claim to date.
<b>OPERATOR INFORMATION</b>	<b>Driver #</b>	Enter number: The producer assigned number for the driver involved in the loss, if applicable.
<b>OPERATOR INFORMATION</b>	<b>Date</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
<b>OPERATOR INFORMATION</b>	<b>Description</b>	Enter text: A brief description of the loss.
<b>OPERATOR INFORMATION</b>	<b>Cost</b>	Enter amount: The amount that has been paid on this claim to date.
<b>OPERATOR INFORMATION</b>	<b>Driver #</b>	Enter number: The producer assigned number for the driver involved in the loss, if applicable.
<b>OPERATOR INFORMATION</b>	<b>Date</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
<b>OPERATOR INFORMATION</b>	<b>Description</b>	Enter text: A brief description of the loss.
<b>OPERATOR INFORMATION</b>	<b>Cost</b>	Enter amount: The amount that has been paid on this claim to date.

<b>OPERATOR INFORMATION</b>	<b>2. Any operators convicted for any traffic violations during the last three (3) years?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any operators convicted for any traffic violations during the mandated number of years?".
<b>OPERATOR INFORMATION</b>	<b>Drv #</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATOR INFORMATION</b>	<b>Date</b>	Enter date: The date the driver received the traffic violation.
<b>OPERATOR INFORMATION</b>	<b>Description</b>	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>OPERATOR INFORMATION</b>	<b>Drv #</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATOR INFORMATION</b>	<b>Date</b>	Enter date: The date the driver received the traffic violation.
<b>OPERATOR INFORMATION</b>	<b>Description</b>	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>OPERATOR INFORMATION</b>	<b>Drv #</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATOR INFORMATION</b>	<b>Date</b>	Enter date: The date the driver received the traffic violation.
<b>OPERATOR INFORMATION</b>	<b>Description</b>	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>OPERATOR INFORMATION</b>	<b>Drv #</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATOR INFORMATION</b>	<b>Date</b>	Enter date: The date the driver received the traffic violation.
<b>OPERATOR INFORMATION</b>	<b>Description</b>	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>OPERATOR INFORMATION</b>	<b>3. Any driver have a physical impairment that would affect the ability to drive? (Not applicable in Montana and Wisconsin)</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any driver have a physical impairment that would affect the ability to drive?".
<b>OPERATOR INFORMATION</b>	<b>Drv #</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATOR INFORMATION</b>	<b>Description of Special Equipment in Vehicle</b>	Enter text: The description of any special equipment.
<b>OPERATOR INFORMATION</b>	<b>4. Any driver undergoing a course of medical treatment for a physical / mental impairment? (Not applicable in Montana, Oregon, Vermont and Wisconsin)</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any driver undergoing a course of medical treatment for a physical or mental impairment that would affect the ability to drive?".



<b>OPERATOR INFORMATION</b>	<b>Drv #</b>	Enter number: The number assigned to the driver by the producer.
<b>OPERATOR INFORMATION</b>	<b>Explanation</b>	Enter text: The description of any medication or treatments for a driver with physical or mental impairments.
<b>EMPLOYMENT INFORMATION</b>	<b>Applicant's Occupation</b>	Enter text: The named insured's primary occupation or business activity.
<b>EMPLOYMENT INFORMATION</b>	<b>Applicant's Employer Name and Address</b>	Enter text: The employer name (business name if self-employed).
<b>EMPLOYMENT INFORMATION</b>		Enter text: The first address line of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter text: The second address line of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter text: The city of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter code: The state code of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter code: The postal code of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter number: The number of years employed.
<b>EMPLOYMENT INFORMATION</b>	<b>Co-Applicant's Occupation</b>	Enter text: The named insured's primary occupation or business activity.
<b>EMPLOYMENT INFORMATION</b>	<b>Co-Applicant's Employer Name and Address</b>	Enter text: The employer name (business name if self-employed).
<b>EMPLOYMENT INFORMATION</b>		Enter text: The first address line of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter text: The second address line of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter text: The city of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter code: The state code of the employer's physical address.
<b>EMPLOYMENT INFORMATION</b>		Enter code: The postal code of the employer's physical address.

<b>EMPLOYMENT INFORMATION</b>		Enter number: The number of years employed.
<b>GENERAL INFORMATION</b>	<b>1. Any swimming pool, spa or hot tub on premises?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is there a swimming pool, spa or hot tub on the premises?".
<b>GENERAL INFORMATION</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>GENERAL INFORMATION</b>	<b>Description</b>	Enter text: The description of the swimming pool.
<b>GENERAL INFORMATION</b>	<b>Above Ground</b>	Check the box (if applicable): Indicates the swimming pool is above ground.
<b>GENERAL INFORMATION</b>	<b>In Ground</b>	Check the box (if applicable): Indicates the swimming pool is in the ground.
<b>GENERAL INFORMATION</b>	<b>Approved Fence</b>	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.
<b>GENERAL INFORMATION</b>	<b>Diving Board</b>	Check the box (if applicable): Indicates the swimming pool has a diving board.
<b>GENERAL INFORMATION</b>	<b>Slide</b>	Check the box (if applicable): Indicates the swimming pool has a slide.
<b>GENERAL INFORMATION</b>	<b>Other</b>	Check the box (if applicable): Indicates there is additional information to describe the pool.
<b>GENERAL INFORMATION</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>GENERAL INFORMATION</b>	<b>Description</b>	Enter text: The description of the swimming pool.
<b>GENERAL INFORMATION</b>	<b>Above Ground</b>	Check the box (if applicable): Indicates the swimming pool is above ground.
<b>GENERAL INFORMATION</b>	<b>In Ground</b>	Check the box (if applicable): Indicates the swimming pool is in the ground.
<b>GENERAL INFORMATION</b>	<b>Approved Fence</b>	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.
<b>GENERAL INFORMATION</b>	<b>Diving Board</b>	Check the box (if applicable): Indicates the swimming pool has a diving board.
<b>GENERAL INFORMATION</b>	<b>Slide</b>	Check the box (if applicable): Indicates the swimming pool has a slide.
<b>GENERAL INFORMATION</b>	<b>Other</b>	Check the box (if applicable): Indicates there is additional information to describe the pool.
<b>GENERAL INFORMATION</b>	<b>2. Any employees?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any employees?".
<b>GENERAL INFORMATION</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>GENERAL INFORMATION</b>	<b>Full Time # Employees Inside</b>	Enter number: The number of full time employees that work inside the structure.
<b>GENERAL INFORMATION</b>	<b># Hours Per Week</b>	Enter number: The number of hours per week full time employees work inside the structure.
<b>GENERAL INFORMATION</b>	<b>Duties</b>	Enter text: The description of the duties performed by the full time employees that work inside the structure.

<b>GENERAL INFORMATION</b>	<b>Full Time # Employees Outside</b>	Enter number: The number of full time employees that work outside the structure.
<b>GENERAL INFORMATION</b>	<b># Hours Per Week</b>	Enter number: The number of hours per week full time employees work outside the structure.
<b>GENERAL INFORMATION</b>	<b>Duties</b>	Enter text: The description of the duties performed by the full time employees that work outside the structure.
<b>GENERAL INFORMATION</b>	<b>Part Time # Employees Inside</b>	Enter number: The number of part time employees that work inside the structure.
<b>GENERAL INFORMATION</b>	<b># Hours Per Week</b>	Enter number: The number of hours per week part time employees work inside the structure.
<b>GENERAL INFORMATION</b>	<b>Duties</b>	Enter text: The description of the duties performed by the part time employees that work inside the structure.
<b>GENERAL INFORMATION</b>	<b>Part Time # Employees Outside</b>	Enter number: The number of part time employees that work outside the structure.
<b>GENERAL INFORMATION</b>	<b># Hours Per Week</b>	Enter number: The number of hours per week part time employees work outside the structure.
<b>GENERAL INFORMATION</b>	<b>Duties</b>	Enter text: The description of the duties performed by the part time employees that work outside the structure.
<b>GENERAL INFORMATION</b>	<b>Total Payroll All Employees</b>	Enter amount: The total annual payroll amount for all employees.
<b>GENERAL INFORMATION</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>GENERAL INFORMATION</b>	<b>Full Time # Employees Inside</b>	Enter number: The number of full time employees that work inside the structure.
<b>GENERAL INFORMATION</b>	<b># Hours Per Week</b>	Enter number: The number of hours per week full time employees work inside the structure.
<b>GENERAL INFORMATION</b>	<b>Duties</b>	Enter text: The description of the duties performed by the full time employees that work inside the structure.
<b>GENERAL INFORMATION</b>	<b>Full Time # Employees Outside</b>	Enter number: The number of full time employees that work outside the structure.
<b>GENERAL INFORMATION</b>	<b># Hours Per Week</b>	Enter number: The number of hours per week full time employees work outside the structure.
<b>GENERAL INFORMATION</b>	<b>Duties</b>	Enter text: The description of the duties performed by the full time employees that work outside the structure.
<b>GENERAL INFORMATION</b>	<b>Part Time # Employees Inside</b>	Enter number: The number of part time employees that work inside the structure.
<b>GENERAL INFORMATION</b>	<b># Hours Per Week</b>	Enter number: The number of hours per week part time employees work inside the structure.
<b>GENERAL INFORMATION</b>	<b>Duties</b>	Enter text: The description of the duties performed by the part time employees that work inside the structure.

GENERAL INFORMATION	Part Time # Employees Outside	Enter number: The number of part time employees that work outside the structure.
GENERAL INFORMATION	# Hours Per Week	Enter number: The number of hours per week part time employees work outside the structure.
GENERAL INFORMATION	Duties	Enter text: The description of the duties performed by the part time employees that work outside the structure.
GENERAL INFORMATION	Total Payroll All Employees	Enter amount: The total annual payroll amount for all employees.
GENERAL INFORMATION	3. Does applicant or any tenant have any animals or exotic pets?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does the applicant or any tenant have any animals or exotic pets?".
GENERAL INFORMATION	Animal Type	Enter code: The type of animal (e.g., cat, dog, horse, etc.)
GENERAL INFORMATION	Breed	Enter code: The breed of the animal (e.g., Doberman, German Shepherd, etc.)
GENERAL INFORMATION	Bite History YN	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	Animal Type	Enter code: The type of animal (e.g., cat, dog, horse, etc.)
GENERAL INFORMATION	Breed	Enter code: The breed of the animal (e.g., Doberman, German Shepherd, etc.)
GENERAL INFORMATION	Bite History YN	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	Animal Type	Enter code: The type of animal (e.g., cat, dog, horse, etc.)
GENERAL INFORMATION	Breed	Enter code: The breed of the animal (e.g., Doberman, German Shepherd, etc.)
GENERAL INFORMATION	Bite History YN	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	4. Is there a trampoline on the premises?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is there a trampoline on the premises?".
GENERAL INFORMATION	Loc #	Enter number: The producer assigned number of the location.
GENERAL INFORMATION	Safety Net YN	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the trampoline on the premises has a safety net.
GENERAL INFORMATION	Loc #	Enter number: The producer assigned number of the location.
GENERAL INFORMATION	Safety Net YN	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the trampoline on the premises has a safety net.
GENERAL INFORMATION	Loc #	Enter number: The producer assigned number of the location.

<b>GENERAL INFORMATION</b>	<b>Safety Net YN</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the trampoline on the premises has a safety net.
<b>GENERAL INFORMATION</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>GENERAL INFORMATION</b>	<b>Safety Net YN</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the trampoline on the premises has a safety net.
<b>GENERAL INFORMATION</b>	<b>5. Any aircraft owned, leased, chartered or furnished for regular use?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any aircraft owned, leased, chartered or furnished for regular use?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation of any aircraft owned, leased or chartered.
<b>GENERAL INFORMATION</b>	<b>6. Any real estate, vehicles, watercraft, aircraft used commercially or for business purposes?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any real estate, vehicles, watercraft, aircraft used commercially or for business purposes?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation of any real estate, vehicles, watercraft or aircraft used commercially.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>GENERAL INFORMATION</b>	<b>7. Any real estate, vehicles watercraft, aircraft owned, hired, leased or regularly used, not covered by primary policies?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any real estate, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation of any real estate, vehicles, watercraft or aircraft not covered by the primary insurance policy.
<b>GENERAL INFORMATION</b>	<b>8. Do you engage in farming operation?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do you engage in any type of farming operation?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation of any farming operation on the premises.
<b>GENERAL INFORMATION</b>	<b>9. Do you hold any non-compensated positions?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do you hold any non-compensated positions?".
<b>GENERAL INFORMATION</b>		Enter text: An explanation of any non-compensated positions.

<b>GENERAL INFORMATION</b>	<b>10. Any non-owned property exceeding \$1,000 in value in your custody?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any non-owned property exceeding \$1,000 in value, in your care, custody or control?".
<b>GENERAL INFORMATION</b>		Enter text: A description of any non-owned property exceeding \$1,000.
<b>GENERAL INFORMATION</b>	<b>11. Any business and/or professional activities included in primary policies?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any business and/or professional activities included in the primary policies?".
<b>GENERAL INFORMATION</b>		Enter text: An explanation of any business activities included in the primary policy.
<b>GENERAL INFORMATION</b>	<b>12. Does any primary policy have reduced limits of liability?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?".
<b>GENERAL INFORMATION</b>		Enter text: An explanation of any primary policies that have reduced limits of liability or eliminate coverage for specific exposures.
<b>GENERAL INFORMATION</b>	<b>13. Any pending litigation, court proceedings or judgments?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any pending litigation, court proceedings or judgments?".
<b>GENERAL INFORMATION</b>		Enter text: An explanation of any pending litigation, court proceedings or judgments.
<b>GENERAL INFORMATION</b>	<b>14. Any coverage declined, cancelled, or non-renewed during the last five (5) years? (Missouri Applicants - Do not answer this question)</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any coverage declined, cancelled or non-renewed during the mandated number of years?".
<b>GENERAL INFORMATION</b>	<b>Drv #</b>	Enter number: The number assigned to the driver by the producer.
<b>GENERAL INFORMATION</b>	<b>Reason declined, cancelled, or non-renewed</b>	Enter text: The description of the reason for coverage being declined, cancelled or non-renewed within the last mandated number of years.
<b>GENERAL INFORMATION</b>	<b>15. Has insurance been transferred within the agency?</b>	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Has insurance been transferred within agency?".
<b>GENERAL INFORMATION</b>		Enter text: An explanation of insurance transferred within the agency.
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The remarks associated with the personal umbrella line of business.
<b>REMARKS</b>	<b>Attachments - State Supplement(s)</b>	Check the box (if applicable): Indicates a state supplemental form is attached.

<b>REMARKS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment to the application other than those listed.
<b>REMARKS</b>	<b>Other Description</b>	Enter text: The description of an attachment.
<b>REMARKS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment to the application other than those listed.
<b>REMARKS</b>	<b>Other Description</b>	Enter text: The description of an attachment.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>UM / UIM DISCLOSURES</b>	<b>Applicable Only in Louisiana</b>	Initial here: The named insured's initials. As used here, in Louisiana, indicates the uninsured motorists limits indicated in this application have been selected.
<b>UM / UIM DISCLOSURES</b>	<b>I Reject UM Coverage</b>	Initial here: The named insured's initials. As used here, in Louisiana, indicates uninsured motorists coverage has been rejected in its entirety.
<b>UM / UIM DISCLOSURES</b>	<b>Applicable Only in New Hampshire</b>	Initial here: The named insured's initials. As used here, in New Hampshire, indicates the uninsured motorists limits indicated in this application have been selected.
<b>UM / UIM DISCLOSURES</b>	<b>I Reject UM Coverage</b>	Initial here: The named insured's initials. As used here, in New Hampshire, indicates uninsured motorists coverage has been rejected in its entirety.
<b>UM / UIM DISCLOSURES</b>	<b>Named Insured's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>UM / UIM DISCLOSURES</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>NOTICE OF INFORMATION PRACTICES</b>	<b>Applicant's Initials</b>	Initial here: The named insured's initials.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Notice of Information Practices</b>	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.
<b>BINDER</b>	<b>Effective Date</b>	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.
<b>BINDER</b>	<b>Time</b>	Enter time: The time of the binder effective date that the binder becomes effective.
<b>BINDER</b>	<b>Expiration Date</b>	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.

<b>BINDER</b>	<b>12:01 AM</b>	Check the box (if applicable): Indicates the binder expires at 12:01 AM on the expiration date.
<b>BINDER</b>	<b>Noon</b>	Check the box (if applicable): Indicates the binder expires at 12:00 noon on the expiration date.
<b>BINDER</b>	<b>Coverage is not bound</b>	Check the box (if applicable): Indicates the coverage has not been bound.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Producer's Signature</b>	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.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Producer's Name</b>	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>State Producer License No (Required in Florida)</b>	Enter identifier: The State License Number of the producer.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Name Insured's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>National Producer Number</b>	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.