

ACORD 127 (2015/12) - Business Auto Section

ACORD 127, Business Auto Section, of the ACORD Commercial Insurance Application series, contains basic policy information as well as essential underwriting information for commercial auto accounts. Through the effective use of the Business Auto Section, specific needs of an individual account can be addressed. Space is provided to enter driver information for up to thirteen drivers. For additional drivers, ACORD 163, Driver Information Schedule, can be attached. Space is also provided to enter descriptions of up to four vehicles. If the fleet should exceed this number, ACORD 129, Vehicle Schedule, which contains space for 5 additional vehicles, can be attached.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the 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.
DRIVER INFORMATION	ACORD 163 Attached	Check the box (if applicable): Indicates that additional drivers appear on the attached ACORD 163 Commercial Auto Driver Information Schedule.
DRIVER INFORMATION	Driver #	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION		Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION		Enter text: The driver's last name (surname).
DRIVER INFORMATION		Enter text: The city of the driver.
DRIVER INFORMATION		Enter code: The state or province of the driver.

DRIVER INFORMATION		Enter code: The postal code of the driver.
DRIVER INFORMATION	Sex	Enter code: The gender of the driver.
DRIVER INFORMATION	Marital Stat	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
DRIVER INFORMATION	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
DRIVER INFORMATION	Yrs Exp	Enter number: The number of years of driving experience for the driver.
DRIVER INFORMATION	Year Licensed	Enter year: The original year in which a driver's license was issued to this driver.
DRIVER INFORMATION	Driver's License Number / Social Security Number	Enter identifier: The driver's license number.
DRIVER INFORMATION		Enter identifier: The tax identifier (social security number) of the driver. As used here, only enter the social security number if the driver's license number is unavailable.
DRIVER INFORMATION	State Lic.	Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Date Hire	Enter date: The date the driver was hired.
DRIVER INFORMATION	Broadened No Fault	Enter Y for a "Yes" response. Input N for "No" response. Indicates if broadened no fault coverage applies to the driver (not applicable in all states).
DRIVER INFORMATION	DOC	Enter Y for a "Yes" response. Input N for "No" response. Indicates if driver is covered by Drive Other Car coverage.
DRIVER INFORMATION	Use Vehicle #	Enter number: The producer assigned vehicle number that this driver primarily uses.
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GENERAL INFORMATION	1. With the exception of encumbrances, are any vehicles for which insurance is requested not solely owned by and registered to the applicant?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "With the exception of encumbrances, are any vehicles not solely owned by and registered to the application?".
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Name of Other Owner	Enter text: The additional interest's full name. As used here, this is the name of the other owner of the vehicle.
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Name of Other Owner	Enter text: The additional interest's full name. As used here, this is the name of the other owner of the vehicle.
GENERAL INFORMATION	2. Do over 50% of the employees use their autos in the business?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do over 50% of the employees use their own autos in the business?".
GENERAL INFORMATION	3. Is there a vehicle maintenance program in operation?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a vehicle maintenance program in operation?".

GENERAL INFORMATION	Explanation	Enter text: An explanation of any vehicle maintenance program in operation.
GENERAL INFORMATION	4. Are any vehicles leased to others?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any vehicles leased to others?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of any vehicles leased to others.
GENERAL INFORMATION	5. Any car modified / special equipment? (Include customized vans / pickups)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any vehicle customized, altered or have special equipment?".
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of modified or special equipment on the vehicle.
GENERAL INFORMATION	Cost	Enter amount: The cost of the modified or special equipment on the vehicle.
GENERAL INFORMATION	Veh #	Enter number: The producer assigned vehicle number.
GENERAL INFORMATION	Description	Enter text: The description of modified or special equipment on the vehicle.
GENERAL INFORMATION	Cost	Enter amount: The cost of the modified or special equipment on the vehicle.
GENERAL INFORMATION	6. Are ICC (Interstate Commerce Commission), PUC (Public Utility Commission) or other filings required? (If "YES", attach ACORD 194)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are ICC, PUC or other filings required?".
GENERAL INFORMATION	7. Do operations involve transporting hazardous material?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do operations involve transporting hazardous material?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of any operations that involve transporting hazardous materials..

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
GENERAL INFORMATION (continued)	8. Any Hold Harmless Agreements?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any hold harmless agreements?".
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation of any Hold Harmless Agreements.

GENERAL INFORMATION (continued)	9. Any vehicles used by family members?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any vehicles used by family members?".
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation of any vehicles used by family members.
GENERAL INFORMATION (continued)	10. Does the applicant obtain MVR (Motor Vehicle Record) verifications?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant obtain MVR verifications?".
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation of any applicant needing to obtain MVR verifications.
GENERAL INFORMATION (continued)	11. Does the applicant have a specific driver recruiting method?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have a specific driver recruiting method?".
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation of any applicant specific driver recruiting methods.
GENERAL INFORMATION (continued)	12. Are any drivers not covered by Workers Compensation?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any drivers not covered by workers compensation?".
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation of any drivers not covered by workers compensation.
GENERAL INFORMATION (continued)	13. Any vehicles owned but not scheduled on this application?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any vehicles owned but not scheduled on this application?".
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation of any vehicles owned but not scheduled on this application.
GENERAL INFORMATION (continued)	14. Any drivers with convictions for moving traffic violations?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any drivers with convictions for moving traffic violations?".
GENERAL INFORMATION (continued)	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
GENERAL INFORMATION (continued)	Date (MM/DD/YYYY)	Enter date: The date the driver received the traffic violation.
GENERAL INFORMATION (continued)	Type	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
GENERAL INFORMATION (continued)	Place (City, State)	Enter text: The place of the accident or conviction.

GENERAL INFORMATION (continued)	# Yrs Rev	Enter number: The number of years associated with "... an accident... or convicted of a moving violation" question.
GENERAL INFORMATION (continued)	15. Has agent inspected vehicles?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has agent inspected vehicles?".
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation of any vehicles inspected by an agent.
GENERAL INFORMATION (continued)	16. Are all vehicles to be included in this policy part of a fleet? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are all vehicles to be included in this policy part of a fleet?".
GENERAL INFORMATION (continued)	17. Do you have electronic monitoring devices that record and transmit data in any of your vehicles?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you have electronic monitoring devices that record and transmit data in any of your vehicles."
GENERAL INFORMATION (continued)	Percentage of vehicles in overall fleet that are monitored (%)	Enter percentage: The percentage of vehicles in your overall fleet that are monitored.
GENERAL INFORMATION (continued)	Monitor Driver Safety (checkbox)	Check the box (if applicable): Indicates that driver safety is monitored.
GENERAL INFORMATION (continued)	Track Fuel Consumption (checkbox)	Check the box (if applicable): Indicates that a track fuel consumption device is utilized.
GENERAL INFORMATION (continued)	Monitor Vehicle Maintenance (checkbox)	Check the box (if applicable): Indicates that a vehicle maintenance monitor device is utilized.
GENERAL INFORMATION (continued)	Mileage Tracking (checkbox)	Check the box (if applicable): Indicates that a mileage tracking device is utilized.
GENERAL INFORMATION (continued)	Location Tracking (checkbox)	Check the box (if applicable): Indicates that a location tracking device is utilized.
GENERAL INFORMATION (continued)	Navigation (checkbox)	Check the box (if applicable): Indicates that a navigation device is utilized.
GENERAL INFORMATION (continued)	Other Electronic Monitoring Device (checkbox)	Check the box (if applicable): Indicates that an electronic data monitoring device other than those listed is utilized.
GENERAL INFORMATION (continued)	Description of Other Electronic Monitoring Device	Enter text: The name of the other electronic tracking device.
GENERAL INFORMATION (continued)	Describe:	Enter text: Provide additional information clarifying the general use of electronic monitoring devices.

GENERAL INFORMATION (continued)	Description of Garage / Storage Locations	Enter text: The description of the garage / storage location.
GENERAL INFORMATION (continued)	Maximum Dollar Value Subject to Loss	Enter amount: The highest value that the insurer would be subject to if a major automobile loss occurred on the insured premises.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	ACORD 45 Attached	Check the box (if applicable): Indicates that further additional interests appear on the attached ACORD 45.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Employee as Lessor	Check the box (if applicable): Indicates the additional interest type is an employee as lessor.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Lender's Loss Payable	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Lienholder	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Owner	Check the box (if applicable): Indicates the additional interest type is an owner.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Registrant	Check the box (if applicable): Indicates the additional interest type is a registrant.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Other Additional Interest	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Other Additional Interest Description	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Additional Interest Name	Enter text: The additional interest's full name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter code: The additional interest's mailing address state or province code.

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Certificate	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Reference / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Interest in Item Number Vehicle	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Interest in Item Number Location Number	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Employee as Lessor	Check the box (if applicable): Indicates the additional interest type is an employee as lessor.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Lender's Loss Payable	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Lienholder	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Owner	Check the box (if applicable): Indicates the additional interest type is an owner.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Registrant	Check the box (if applicable): Indicates the additional interest type is a registrant.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Other Additional Interest	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Other Additional Interest Description	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Additional Interest Name	Enter text: The additional interest's full name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter text: The additional interest's mailing address line one.

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Certificate	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Reference / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Interest in Item Number Vehicle	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	Interest in Item Number Location Number	Enter number: The producer assigned number of the location which has an additional interest.
REMARKS	Remarks	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
VEHICLE DESCRIPTION	ACORD 129 Attached	Check the box (if applicable): Indicates that additional vehicles appear on the attached ACORD 129.
VEHICLE DESCRIPTION	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE DESCRIPTION	Model	Enter text: The manufacturer's model name for the vehicle.

VEHICLE DESCRIPTION	Body Type	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION	V.I.N.	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION	Check Box- PP	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
VEHICLE DESCRIPTION	Check Box- SPEC	Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).
VEHICLE DESCRIPTION	Check Box- COML	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
VEHICLE DESCRIPTION	Sym / Age	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.
VEHICLE DESCRIPTION	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION	Street (Required in KY)	Enter text: The vehicle's physical address line one.
VEHICLE DESCRIPTION	City	Enter text: The vehicle's physical address city name.
VEHICLE DESCRIPTION	County	Enter text: The vehicle's physical address county name.
VEHICLE DESCRIPTION	State	Enter code: The vehicle's physical address state or province code.
VEHICLE DESCRIPTION	Zip	Enter code: The vehicle's physical address postal code.
VEHICLE DESCRIPTION	Lic State	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION	GVW / GCW	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
VEHICLE DESCRIPTION	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE DESCRIPTION	S.I.C.	Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.
VEHICLE DESCRIPTION	Factor	Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class.
VEHICLE DESCRIPTION	Seating Capacity	Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.
VEHICLE DESCRIPTION	Radius	Enter number: The radius in whole numbers within which this vehicle is operated.

VEHICLE DESCRIPTION	Farthest Terminal	Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.
VEHICLE DESCRIPTION	Cost New	Enter amount: The original cost of the vehicle.
VEHICLE DESCRIPTION	Pleasure	Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.
VEHICLE DESCRIPTION	Farm	Check the box (if applicable): Indicates the primary use for the vehicle is for farming.
VEHICLE DESCRIPTION	Comm'l	Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.
VEHICLE DESCRIPTION	Retail	Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.
VEHICLE DESCRIPTION	Service	Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.
VEHICLE DESCRIPTION	For Hire	Check the box (if applicable): Indicates the primary use for the vehicle is for hire.
VEHICLE DESCRIPTION	Other	Check the box (if applicable): Indicates the primary use for the vehicle is other than those listed.
VEHICLE DESCRIPTION	Other Description	Enter text: The description of the other vehicle usage.
VEHICLE DESCRIPTION	Liab	Check the box (if applicable): Indicates the vehicle has liability coverage.
VEHICLE DESCRIPTION	No- Fault	Check the box (if applicable): Indicates the vehicle has no-fault coverage.
VEHICLE DESCRIPTION	Add'l No- Fault	Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.
VEHICLE DESCRIPTION	Med Pay	Check the box (if applicable): Indicates the vehicle has medical payments coverage.
VEHICLE DESCRIPTION	Unins Motor	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
VEHICLE DESCRIPTION	Undrins Motor	Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.
VEHICLE DESCRIPTION	Towing & Labor	Check the box (if applicable): Indicates the vehicle has towing and labor coverage.
VEHICLE DESCRIPTION	Spec C OF L	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
VEHICLE DESCRIPTION	F	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	FT	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	FTW	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	LSP	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	COMP / OTC	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.

VEHICLE DESCRIPTION	COLL	Check the box (if applicable): Indicates the vehicle has collision coverage.
VEHICLE DESCRIPTION	Rent Reimb	Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.
VEHICLE DESCRIPTION	FG	Check the box (if applicable): Indicates the vehicle has full glass coverage.
VEHICLE DESCRIPTION	Other Coverage	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
VEHICLE DESCRIPTION	Other Coverage Description	Enter text: The description of the other type of coverage on the vehicle.
VEHICLE DESCRIPTION	ACV	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.
VEHICLE DESCRIPTION	AA	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agreed amount.
VEHICLE DESCRIPTION	ST AMT	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.
VEHICLE DESCRIPTION	\$ Amount	Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.
VEHICLE DESCRIPTION	COMP / OTC	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
VEHICLE DESCRIPTION	Spec C OF L	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are: SCL Specified Cause of Loss F Fire F&T Fire and Theft F,T&W Fire, Theft and Wind LSP Limited Specified Perils SP Specified Perils
VEHICLE DESCRIPTION	COMP / OTC or Specified Cause of Loss Deductible Amount	Enter amount: The comprehensive or specified cause of loss deductible amount.
VEHICLE DESCRIPTION	\$ Coll	Enter deductible: The collision deductible amount.
VEHICLE DESCRIPTION	Check Box- < 15 Miles	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.
VEHICLE DESCRIPTION	Check Box- 15 Miles +	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.

VEHICLE DESCRIPTION	Net Veh Dr/Cr	Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.
VEHICLE DESCRIPTION	Tot Prem	Enter amount: The total amount for the vehicle.
VEHICLE DESCRIPTION	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE DESCRIPTION	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION	Body Type	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION	V.I.N.	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION	Check Box- PP	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
VEHICLE DESCRIPTION	Check Box- SPEC	Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).
VEHICLE DESCRIPTION	Check Box- COML	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
VEHICLE DESCRIPTION	Sym / Age	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.
VEHICLE DESCRIPTION	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION	Street (Required in KY)	Enter text: The vehicle's physical address line one.
VEHICLE DESCRIPTION	City	Enter text: The vehicle's physical address city name.
VEHICLE DESCRIPTION	County	Enter text: The vehicle's physical address county name.
VEHICLE DESCRIPTION	State	Enter code: The vehicle's physical address state or province code.
VEHICLE DESCRIPTION	Zip	Enter code: The vehicle's physical address postal code.
VEHICLE DESCRIPTION	Lic State	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION	GVW / GCW	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
VEHICLE DESCRIPTION	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.

VEHICLE DESCRIPTION	S.I.C.	Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.
VEHICLE DESCRIPTION	Factor	Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class.
VEHICLE DESCRIPTION	Seating Capacity	Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.
VEHICLE DESCRIPTION	Radius	Enter number: The radius in whole numbers within which this vehicle is operated.
VEHICLE DESCRIPTION	Farthest Terminal	Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.
VEHICLE DESCRIPTION	Cost New	Enter amount: The original cost of the vehicle.
VEHICLE DESCRIPTION	Pleasure	Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.
VEHICLE DESCRIPTION	Farm	Check the box (if applicable): Indicates the primary use for the vehicle is for farming.
VEHICLE DESCRIPTION	Comm'l	Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.
VEHICLE DESCRIPTION	Retail	Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.
VEHICLE DESCRIPTION	Service	Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.
VEHICLE DESCRIPTION	For Hire	Check the box (if applicable): Indicates the primary use for the vehicle is for hire.
VEHICLE DESCRIPTION	Other	Check the box (if applicable): Indicates the primary use for the vehicle is other than those listed.
VEHICLE DESCRIPTION	Other Description	Enter text: The description of the other vehicle usage.
VEHICLE DESCRIPTION	Liab	Check the box (if applicable): Indicates the vehicle has liability coverage.
VEHICLE DESCRIPTION	No- Fault	Check the box (if applicable): Indicates the vehicle has no-fault coverage.
VEHICLE DESCRIPTION	Add'l No- Fault	Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.
VEHICLE DESCRIPTION	Med Pay	Check the box (if applicable): Indicates the vehicle has medical payments coverage.
VEHICLE DESCRIPTION	Unins Motor	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
VEHICLE DESCRIPTION	Undrins Motor	Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.
VEHICLE DESCRIPTION	Towing & Labor	Check the box (if applicable): Indicates the vehicle has towing and labor coverage.
VEHICLE DESCRIPTION	Spec C OF L	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
VEHICLE DESCRIPTION	F	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.

VEHICLE DESCRIPTION	FT	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	FTW	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	LSP	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	COMP / OTC	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.
VEHICLE DESCRIPTION	COLL	Check the box (if applicable): Indicates the vehicle has collision coverage.
VEHICLE DESCRIPTION	Rent Reimb	Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.
VEHICLE DESCRIPTION	FG	Check the box (if applicable): Indicates the vehicle has full glass coverage.
VEHICLE DESCRIPTION	Other Coverage	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
VEHICLE DESCRIPTION	Other Coverage Description	Enter text: The description of the other type of coverage on the vehicle.
VEHICLE DESCRIPTION	ACV	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.
VEHICLE DESCRIPTION	AA	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agreed amount.
VEHICLE DESCRIPTION	ST AMT	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.
VEHICLE DESCRIPTION	\$ Amount	Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.
VEHICLE DESCRIPTION	COMP / OTC	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
VEHICLE DESCRIPTION	Spec C OF L	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are: SCL Specified Cause of Loss F Fire F&T Fire and Theft F,T&W Fire, Theft and Wind LSP Limited Specified Perils SP Specified Perils
VEHICLE DESCRIPTION	COMP / OTC or Specified Cause of Loss Deductible Amount	Enter amount: The comprehensive or specified cause of loss deductible amount.

VEHICLE DESCRIPTION	\$ Coll	Enter deductible: The collision deductible amount.
VEHICLE DESCRIPTION	Check Box- < 15 Miles	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.
VEHICLE DESCRIPTION	Check Box- 15 Miles +	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.
VEHICLE DESCRIPTION	Net Veh Dr/Cr	Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.
VEHICLE DESCRIPTION	Tot Prem	Enter amount: The total amount for the vehicle.
VEHICLE DESCRIPTION	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE DESCRIPTION	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION	Body Type	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION	V.I.N.	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION	Check Box- PP	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
VEHICLE DESCRIPTION	Check Box- SPEC	Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).
VEHICLE DESCRIPTION	Check Box- COML	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
VEHICLE DESCRIPTION	Sym / Age	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.
VEHICLE DESCRIPTION	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION	Street (Required in KY)	Enter text: The vehicle's physical address line one.
VEHICLE DESCRIPTION	City	Enter text: The vehicle's physical address city name.
VEHICLE DESCRIPTION	County	Enter text: The vehicle's physical address county name.
VEHICLE DESCRIPTION	State	Enter code: The vehicle's physical address state or province code.
VEHICLE DESCRIPTION	Zip	Enter code: The vehicle's physical address postal code.
VEHICLE DESCRIPTION	Lic State	Enter code: The state or province in which the vehicle is registered.

VEHICLE DESCRIPTION	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION	GVW / GCW	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
VEHICLE DESCRIPTION	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE DESCRIPTION	S.I.C.	Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.
VEHICLE DESCRIPTION	Factor	Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class.
VEHICLE DESCRIPTION	Seating Capacity	Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.
VEHICLE DESCRIPTION	Radius	Enter number: The radius in whole numbers within which this vehicle is operated.
VEHICLE DESCRIPTION	Farthest Terminal	Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.
VEHICLE DESCRIPTION	Cost New	Enter amount: The original cost of the vehicle.
VEHICLE DESCRIPTION	Pleasure	Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.
VEHICLE DESCRIPTION	Farm	Check the box (if applicable): Indicates the primary use for the vehicle is for farming.
VEHICLE DESCRIPTION	Comm'l	Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.
VEHICLE DESCRIPTION	Retail	Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.
VEHICLE DESCRIPTION	Service	Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.
VEHICLE DESCRIPTION	For Hire	Check the box (if applicable): Indicates the primary use for the vehicle is for hire.
VEHICLE DESCRIPTION	Other	Check the box (if applicable): Indicates the primary use for the vehicle is other than those listed.
VEHICLE DESCRIPTION	Other Description	Enter text: The description of the other vehicle usage.
VEHICLE DESCRIPTION	Liab	Check the box (if applicable): Indicates the vehicle has liability coverage.
VEHICLE DESCRIPTION	No- Fault	Check the box (if applicable): Indicates the vehicle has no-fault coverage.
VEHICLE DESCRIPTION	Add'l No- Fault	Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.
VEHICLE DESCRIPTION	Med Pay	Check the box (if applicable): Indicates the vehicle has medical payments coverage.
VEHICLE DESCRIPTION	Unins Motor	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.

VEHICLE DESCRIPTION	Undrins Motor	Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.
VEHICLE DESCRIPTION	Towing & Labor	Check the box (if applicable): Indicates the vehicle has towing and labor coverage.
VEHICLE DESCRIPTION	Spec C OF L	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
VEHICLE DESCRIPTION	F	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	FT	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	FTW	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	LSP	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
VEHICLE DESCRIPTION	COMP / OTC	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.
VEHICLE DESCRIPTION	COLL	Check the box (if applicable): Indicates the vehicle has collision coverage.
VEHICLE DESCRIPTION	Rent Reimb	Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.
VEHICLE DESCRIPTION	FG	Check the box (if applicable): Indicates the vehicle has full glass coverage.
VEHICLE DESCRIPTION	Other Coverage	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
VEHICLE DESCRIPTION	Other Coverage Description	Enter text: The description of the other type of coverage on the vehicle.
VEHICLE DESCRIPTION	ACV	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.
VEHICLE DESCRIPTION	AA	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agreed amount.
VEHICLE DESCRIPTION	ST AMT	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.
VEHICLE DESCRIPTION	\$ Amount	Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.
VEHICLE DESCRIPTION	COMP / OTC	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.

VEHICLE DESCRIPTION	Spec C OF L	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are: SCL Specified Cause of Loss F Fire F&T Fire and Theft F,T&W Fire, Theft and Wind LSP Limited Specified Perils SP Specified Perils
VEHICLE DESCRIPTION	COMP / OTC or Specified Cause of Loss Deductible Amount	Enter amount: The comprehensive or specified cause of loss deductible amount.
VEHICLE DESCRIPTION	\$ Coll	Enter deductible: The collision deductible amount.
VEHICLE DESCRIPTION	Check Box- < 15 Miles	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.
VEHICLE DESCRIPTION	Check Box- 15 Miles +	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.
VEHICLE DESCRIPTION	Net Veh Dr/Cr	Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.
VEHICLE DESCRIPTION	Tot Prem	Enter amount: The total amount for the vehicle.
VEHICLE DESCRIPTION	Veh #	Enter number: The producer assigned vehicle number.
VEHICLE DESCRIPTION	Year	Enter year: The model year of the vehicle.
VEHICLE DESCRIPTION	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE DESCRIPTION	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE DESCRIPTION	Body Type	Enter code: The body type of the vehicle.
VEHICLE DESCRIPTION	V.I.N.	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE DESCRIPTION	Check Box- PP	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
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VEHICLE DESCRIPTION	Check Box- COML	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
VEHICLE DESCRIPTION	Sym / Age	Enter code: The symbol required for physical damage coverage.
VEHICLE DESCRIPTION	Comp / OTC Sym	Enter code: The symbol required for comprehensive / other than collision coverage.

VEHICLE DESCRIPTION	Coll Sym	Enter code: The symbol required for collision coverage.
VEHICLE DESCRIPTION	Street (Required in KY)	Enter text: The vehicle's physical address line one.
VEHICLE DESCRIPTION	City	Enter text: The vehicle's physical address city name.
VEHICLE DESCRIPTION	County	Enter text: The vehicle's physical address county name.
VEHICLE DESCRIPTION	State	Enter code: The vehicle's physical address state or province code.
VEHICLE DESCRIPTION	Zip	Enter code: The vehicle's physical address postal code.
VEHICLE DESCRIPTION	Lic State	Enter code: The state or province in which the vehicle is registered.
VEHICLE DESCRIPTION	Terr	Enter code: The rating territory code where the vehicle is principally garaged.
VEHICLE DESCRIPTION	GVW / GCW	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
VEHICLE DESCRIPTION	Class	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
VEHICLE DESCRIPTION	S.I.C.	Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.
VEHICLE DESCRIPTION	Factor	Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class.
VEHICLE DESCRIPTION	Seating Capacity	Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.
VEHICLE DESCRIPTION	Radius	Enter number: The radius in whole numbers within which this vehicle is operated.
VEHICLE DESCRIPTION	Farthest Terminal	Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.
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VEHICLE DESCRIPTION	COMP / OTC	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.
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VEHICLE DESCRIPTION	Rent Reimb	Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.
VEHICLE DESCRIPTION	FG	Check the box (if applicable): Indicates the vehicle has full glass coverage.
VEHICLE DESCRIPTION	Other Coverage	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
VEHICLE DESCRIPTION	Other Coverage Description	Enter text: The description of the other type of coverage on the vehicle.
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VEHICLE DESCRIPTION	AA	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agreed amount.
VEHICLE DESCRIPTION	ST AMT	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.

VEHICLE DESCRIPTION	\$ Amount	Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.
VEHICLE DESCRIPTION	COMP / OTC	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
VEHICLE DESCRIPTION	Spec C OF L	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are: SCL Specified Cause of Loss F Fire F&T Fire and Theft F,T&W Fire, Theft and Wind LSP Limited Specified Perils SP Specified Perils
VEHICLE DESCRIPTION	COMP / OTC or Specified Cause of Loss Deductible Amount	Enter amount: The comprehensive or specified cause of loss deductible amount.
VEHICLE DESCRIPTION	\$ Coll	Enter deductible: The collision deductible amount.
VEHICLE DESCRIPTION	Check Box- < 15 Miles	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.
VEHICLE DESCRIPTION	Check Box- 15 Miles +	Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.
VEHICLE DESCRIPTION	Net Veh Dr/Cr	Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.
VEHICLE DESCRIPTION	Tot Prem	Enter amount: The total amount for the vehicle.
REMARKS	Remarks	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

Form Page 4

Section Name	Field Name	Description
		Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.

SIGNATURE	Producer's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in Florida)	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.