

ACORD 175 (2016/03) - COMMERCIAL POLICY CHANGE REQUEST

ACORD 175, Commercial Policy Change Request, is used to submit requested changes in a commercial insurance policy to the carrier.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone No.	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No.	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Insured's Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Insured's Name and Mailing Address If Changed	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.

IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	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	Attention	Enter text: The name of the individual at the insurance company that is the primary contact.
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	Account Number	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.
IDENTIFICATION SECTION	Effective Date of Change	Enter date: The date on which the change should take effect.
IDENTIFICATION SECTION	Policy Inception Date	Enter date: The date on which the terms and conditions of the policy commenced.
IDENTIFICATION SECTION	Policy Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
IDENTIFICATION SECTION	Property	Check the box (if applicable): Indicates the type of policy is property.
IDENTIFICATION SECTION	Inland Marine	Check the box (if applicable): Indicates the type of policy is inland marine.
IDENTIFICATION SECTION	Umbrella	Check the box (if applicable): Indicates the type of policy is umbrella.
IDENTIFICATION SECTION	General Liability	Check the box (if applicable): Indicates the type of policy is general liability.
IDENTIFICATION SECTION	Auto	Check the box (if applicable): Indicates the type of policy is automobile.
IDENTIFICATION SECTION	Truckers	Check the box (if applicable): Indicates the type of policy is truckers.
IDENTIFICATION SECTION	Motor Carriers	Check the box (if applicable): Indicates the type of policy is motor carriers.
IDENTIFICATION SECTION	Business Owners	Check the box (if applicable): Indicates the Business Owners section is attached to this application.
IDENTIFICATION SECTION	Workers Comp	Check the box (if applicable): Indicates the type of policy is workers compensation.
IDENTIFICATION SECTION	Other Policy Type One	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
IDENTIFICATION SECTION	Other Policy Type Description One	Enter text: The description of the type of policy issued to the insured.

IDENTIFICATION SECTION	Other Policy Type Two	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
IDENTIFICATION SECTION	Other Policy Type Description Two	Enter text: The description of the type of policy issued to the insured.
IDENTIFICATION SECTION	Other Policy Type Three	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
IDENTIFICATION SECTION	Other Policy Type Description Three	Enter text: The description of the type of policy issued to the insured.
SHORT DESCRIPTION OF CHANGES / REMARKS	Short Description of Changes / Remarks	Enter text: The remarks associated with a policy change. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. As used here, enter a short description of the changes.
PREMISES INFORMATION SECTION	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
PREMISES INFORMATION SECTION	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
PREMISES INFORMATION SECTION	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
PREMISES INFORMATION SECTION	LOC #	Enter number: The location number for the premises.
PREMISES INFORMATION SECTION	BLD #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES INFORMATION SECTION	Street, City, County, State	Enter text: The first address line of the commercial structure.
PREMISES INFORMATION SECTION		Enter text: The city of the commercial structure.
PREMISES INFORMATION SECTION		Enter text: The county of the commercial structure.
PREMISES INFORMATION SECTION		Enter code: The state or province code of the commercial structure.
PREMISES INFORMATION SECTION		Enter code: The postal code of the commercial structure.
PREMISES INFORMATION SECTION	City Limits	Check the box (if applicable): Indicates if the building is within the city limits.

PREMISES INFORMATION SECTION	City Limits	Check the box (if applicable): Indicates if the building is outside the city limits.
PREMISES INFORMATION SECTION	Interest	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
PREMISES INFORMATION SECTION	Interest	Check the box (if applicable): Indicates the named insured's interest in the building is as its tenant.
PREMISES INFORMATION SECTION	Yr Built	Enter year: The year the building at each location was originally constructed. Specify in the Remarks section any significant additions or renovations and the year they were completed.
PREMISES INFORMATION SECTION	Part Occupied	Enter percentage: The percentage of the building the named Insured or tenant occupies.
PREMISES INFORMATION SECTION	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
PREMISES INFORMATION SECTION	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
PREMISES INFORMATION SECTION	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS	LOC #	Enter number: The location number for the premises.
NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS	BLD #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS	Description of Operation by Premises	Enter text: The description of the other nature / type of business.
AUTO-VEHICLE DESCRIPTION / LIMITS	Policy Limit(s) Changed	Check the box (if applicable): Indicates if there is a change to the policy limits.
AUTO-VEHICLE DESCRIPTION / LIMITS	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
AUTO-VEHICLE DESCRIPTION / LIMITS	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
AUTO-VEHICLE DESCRIPTION / LIMITS	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.

AUTO-VEHICLE DESCRIPTION / LIMITS	VEH # One	Enter number: The producer assigned vehicle number.
AUTO-VEHICLE DESCRIPTION / LIMITS	Year One	Enter year: The model year of the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	Make One	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
AUTO-VEHICLE DESCRIPTION / LIMITS	Model One	Enter text: The manufacturer's model name for the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	Body Type One	Enter code: The body type of the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	V.I.N One	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
AUTO-VEHICLE DESCRIPTION / LIMITS	PP (private passenger) One	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
AUTO-VEHICLE DESCRIPTION / LIMITS	SPEC (special) One	Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).
AUTO-VEHICLE DESCRIPTION / LIMITS	COML (commercial) One	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
AUTO-VEHICLE DESCRIPTION / LIMITS	SYM AGE One	Enter code: The symbol required for physical damage coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	COMP / OTC SYM One	Enter code: The symbol required for comprehensive / other than collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	COLL SYM One	Enter code: The symbol required for collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Street (Required in KY) One	Enter text: The vehicle's physical address line one.
AUTO-VEHICLE DESCRIPTION / LIMITS	City One	Enter text: The vehicle's physical address city name.
AUTO-VEHICLE DESCRIPTION / LIMITS	County One	Enter text: The vehicle's physical address county name.
AUTO-VEHICLE DESCRIPTION / LIMITS	State One	Enter code: The vehicle's physical address state or province code.
AUTO-VEHICLE DESCRIPTION / LIMITS	Zip One	Enter code: The vehicle's physical address postal code.

AUTO-VEHICLE DESCRIPTION / LIMITS	LIC State One	Enter code: The state or province in which the vehicle is registered.
AUTO-VEHICLE DESCRIPTION / LIMITS	TERR One	Enter code: The rating territory code where the vehicle is principally garaged.
AUTO-VEHICLE DESCRIPTION / LIMITS	GVW / GCW One	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
AUTO-VEHICLE DESCRIPTION / LIMITS	Class One	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
AUTO-VEHICLE DESCRIPTION / LIMITS	SIC One	Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.
AUTO-VEHICLE DESCRIPTION / LIMITS	Factor One	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Seat CP One	Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.
AUTO-VEHICLE DESCRIPTION / LIMITS	Radius One	Enter number: The radius in whole numbers within which this vehicle is operated.
AUTO-VEHICLE DESCRIPTION / LIMITS	Farthest Terminal One	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Cost New One	Enter amount: The original cost of the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	Pleasure One	Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.
AUTO-VEHICLE DESCRIPTION / LIMITS	Farm One	Check the box (if applicable): Indicates the primary use for the vehicle is for farming.
AUTO-VEHICLE DESCRIPTION / LIMITS	Commercial One	Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.
AUTO-VEHICLE DESCRIPTION / LIMITS	Retail One	Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.
AUTO-VEHICLE DESCRIPTION / LIMITS	Service One	Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.
AUTO-VEHICLE DESCRIPTION / LIMITS	For Hire One	Check the box (if applicable): Indicates the primary use for the vehicle is for hire.

AUTO-VEHICLE DESCRIPTION / LIMITS	Other Use One	Check the box (if applicable): Indicates the primary use for the vehicle is other than those listed.
AUTO-VEHICLE DESCRIPTION / LIMITS	Other Use Description	Enter text: The description of the other vehicle usage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Liab One	Check the box (if applicable): Indicates the vehicle has liability coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	No-fault One	Check the box (if applicable): Indicates the vehicle has no-fault coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Add'l No-fault One	Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Med Pay One	Check the box (if applicable): Indicates the vehicle has medical payments coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Unins Motor One	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Undrins Motor One	Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Towing & Labor One	Check the box (if applicable): Indicates the vehicle has towing and labor coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Spec C of L One	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	F One	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	FT One	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	FTW One	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	LSP One	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	COMP/OTC One	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Coll One	Check the box (if applicable): Indicates the vehicle has collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Rent Reimb One	Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.

AUTO-VEHICLE DESCRIPTION / LIMITS	FG One	Check the box (if applicable): Indicates the vehicle has full glass coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Other Coverage One	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
AUTO-VEHICLE DESCRIPTION / LIMITS	Other Coverage Description One	Enter text: The description of the other type of coverage on the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	ACV One	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	AA One	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	ST AMT One	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Applicable Limit One	Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.
AUTO-VEHICLE DESCRIPTION / LIMITS	COMP/OTC One	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Spec C of L One	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
AUTO-VEHICLE DESCRIPTION / LIMITS	Applicable Deductible One	Enter amount: The comprehensive or specified cause of loss deductible amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Collision Deductible One	Enter deductible: The collision deductible amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Drive to Work or School under 15 miles one way One	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Drive to Work or School 15 miles or over one way One	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Net Veh CR/CR One	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.

AUTO-VEHICLE DESCRIPTION / LIMITS	Total Premium One	Enter amount: The total amount for the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	Liability One	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
AUTO-VEHICLE DESCRIPTION / LIMITS	No-fault One	Enter limit: The personal injury protection (PIP) limit amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Add'l No-fault One	Enter limit: The additional personal injury protection (APIP) limit amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Medical Payments One	Enter limit: The medical payments per person limit.
AUTO-VEHICLE DESCRIPTION / LIMITS	Uninsured Motorists One	Enter limit: The uninsured motorists combined single limit per accident limit amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Underinsured Motorists One	Enter limit: The underinsured motorists combined single limit per accident limit amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Policy Limit(s) Changed	Check the box (if applicable): Indicates if there is a change to the policy limits.
AUTO-VEHICLE DESCRIPTION / LIMITS	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
AUTO-VEHICLE DESCRIPTION / LIMITS	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
AUTO-VEHICLE DESCRIPTION / LIMITS	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
AUTO-VEHICLE DESCRIPTION / LIMITS	VEH # Two	Enter number: The producer assigned vehicle number.
AUTO-VEHICLE DESCRIPTION / LIMITS	Year Two	Enter year: The model year of the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	Make Two	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
AUTO-VEHICLE DESCRIPTION / LIMITS	Model Two	Enter text: The manufacturer's model name for the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	Body Type Two	Enter code: The body type of the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	V.I.N Two	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.

AUTO-VEHICLE DESCRIPTION / LIMITS	PP (private passenger) Two	Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.
AUTO-VEHICLE DESCRIPTION / LIMITS	SPEC (special) Two	Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).
AUTO-VEHICLE DESCRIPTION / LIMITS	COML (commercial) Two	Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.
AUTO-VEHICLE DESCRIPTION / LIMITS	SYM AGE Two	Enter code: The symbol required for physical damage coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	COMP / OTC SYM One	Enter code: The symbol required for comprehensive / other than collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	COLL SYM One	Enter code: The symbol required for collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Street (Required in KY) Two	Enter text: The vehicle's physical address line one.
AUTO-VEHICLE DESCRIPTION / LIMITS	City Two	Enter text: The vehicle's physical address city name.
AUTO-VEHICLE DESCRIPTION / LIMITS	County Two	Enter text: The vehicle's physical address county name.
AUTO-VEHICLE DESCRIPTION / LIMITS	State Two	Enter code: The vehicle's physical address state or province code.
AUTO-VEHICLE DESCRIPTION / LIMITS	Zip Two	Enter code: The vehicle's physical address postal code.
AUTO-VEHICLE DESCRIPTION / LIMITS	LIC State Two	Enter code: The state or province in which the vehicle is registered.
AUTO-VEHICLE DESCRIPTION / LIMITS	TERR Two	Enter code: The rating territory code where the vehicle is principally garaged.
AUTO-VEHICLE DESCRIPTION / LIMITS	GVW / GCW Two	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
AUTO-VEHICLE DESCRIPTION / LIMITS	Class Two	Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.
AUTO-VEHICLE DESCRIPTION / LIMITS	SIC Two	Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.

AUTO-VEHICLE DESCRIPTION / LIMITS	Factor Two	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Seat CP Two	Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.
AUTO-VEHICLE DESCRIPTION / LIMITS	Radius Two	Enter number: The radius in whole numbers within which this vehicle is operated.
AUTO-VEHICLE DESCRIPTION / LIMITS	Farthest Terminal Two	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Cost New Two	Enter amount: The original cost of the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	Pleasure Two	Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.
AUTO-VEHICLE DESCRIPTION / LIMITS	Farm Two	Check the box (if applicable): Indicates the primary use for the vehicle is for farming.
AUTO-VEHICLE DESCRIPTION / LIMITS	Commercial Two	Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.
AUTO-VEHICLE DESCRIPTION / LIMITS	Retail Two	Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.
AUTO-VEHICLE DESCRIPTION / LIMITS	Service Two	Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.
AUTO-VEHICLE DESCRIPTION / LIMITS	For Hire One	Check the box (if applicable): Indicates the primary use for the vehicle is for hire.
AUTO-VEHICLE DESCRIPTION / LIMITS	Other Use One	Check the box (if applicable): Indicates the primary use for the vehicle is other than those listed.
AUTO-VEHICLE DESCRIPTION / LIMITS	Other Use Description	Enter text: The description of the other vehicle usage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Liab Two	Check the box (if applicable): Indicates the vehicle has liability coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	No-fault Two	Check the box (if applicable): Indicates the vehicle has no-fault coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Add'l No-fault Two	Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.

AUTO-VEHICLE DESCRIPTION / LIMITS	Med Pay Two	Check the box (if applicable): Indicates the vehicle has medical payments coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Unins Motor Two	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Undrins Motor Two	Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Towing & Labor Two	Check the box (if applicable): Indicates the vehicle has towing and labor coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Spec C of L Two	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	F Two	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	FT Two	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	FTW Two	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	LSP Two	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	COMP/OTC Two	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Coll Two	Check the box (if applicable): Indicates the vehicle has collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Rent Reimb Two	Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	FG Two	Check the box (if applicable): Indicates the vehicle has full glass coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Other Coverage Two	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
AUTO-VEHICLE DESCRIPTION / LIMITS	Other Coverage Description Two	Enter text: The description of the other type of coverage on the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	ACV Two	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	AA Two	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.

AUTO-VEHICLE DESCRIPTION / LIMITS	ST AMT Two	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Applicable Limit Two	Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.
AUTO-VEHICLE DESCRIPTION / LIMITS	COMP/OTC Two	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
AUTO-VEHICLE DESCRIPTION / LIMITS	Spec C of L Two	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
AUTO-VEHICLE DESCRIPTION / LIMITS	Applicable Deductible Two	Enter amount: The comprehensive or specified cause of loss deductible amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Collision Deductible Two	Enter deductible: The collision deductible amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Drive to Work or School under 15 miles one way Two	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Drive to Work or School 15 miles or over one way Two	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Net Veh CR/CR Two	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.
AUTO-VEHICLE DESCRIPTION / LIMITS	Total Premium Two	Enter amount: The total amount for the vehicle.
AUTO-VEHICLE DESCRIPTION / LIMITS	Liability Two	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
AUTO-VEHICLE DESCRIPTION / LIMITS	No-fault Two	Enter limit: The personal injury protection (PIP) limit amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Add'l No-fault Two	Enter limit: The additional personal injury protection (APIP) limit amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Medical Payments Two	Enter limit: The medical payments per person limit.

AUTO-VEHICLE DESCRIPTION / LIMITS	Uninsured Motorists Two	Enter limit: The uninsured motorists combined single limit per accident limit amount.
AUTO-VEHICLE DESCRIPTION / LIMITS	Underinsured Motorists Two	Enter limit: The underinsured motorists combined single limit per accident limit amount.
DRIVER INFORMATION	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
DRIVER INFORMATION	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
DRIVER INFORMATION	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
DRIVER INFORMATION	Driver # One	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Name One	Enter text: The driver's first name (given name). As used here, if the company requires an address enter it in remarks.
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	City	Enter text: The city of the driver.
DRIVER INFORMATION	State	Enter code: The state or province of the driver.
DRIVER INFORMATION	Zip	Enter code: The postal code of the driver.
DRIVER INFORMATION	Sex One	Enter code: The gender of the driver.
DRIVER INFORMATION	Mar Stat One	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 One	Enter date: The birth date of the driver. (MM/DD/YYYY)
DRIVER INFORMATION	Yrs Exp One	Enter number: The number of years of driving experience for the driver.
DRIVER INFORMATION	Year LIC One	Enter year: The original year in which a driver's license was issued to this driver.
DRIVER INFORMATION	Drivers License Number/Social Security Number One	Enter identifier: The driver's license number. As used here, if the driver's license number is not available, enter the social security number.
DRIVER INFORMATION	Social Security Number	Enter identifier: The tax identifier (social security number) of the driver.
DRIVER INFORMATION	State LIC One	Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Date Hire One	Enter date: The date the driver was hired.
DRIVER INFORMATION	Broaden No-Fault One	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 One	Enter Y for a "Yes" response. Input N for "No" response. Indicates if driver is covered by Drive Other Car coverage.
DRIVER INFORMATION	Use Veh # One	Enter number: The producer assigned vehicle number that this driver primarily uses.
DRIVER INFORMATION	% Use One	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.

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).
WORKERS' COMPENSATION RATING INFORMATION	Type of Change One	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
WORKERS' COMPENSATION RATING INFORMATION	State One	Enter text: The name of the state to which the rating information is applicable.
WORKERS' COMPENSATION RATING INFORMATION	LOC One	Enter number: The producer assigned number of the location.
WORKERS' COMPENSATION RATING INFORMATION	Class Code One	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
WORKERS' COMPENSATION RATING INFORMATION	Descr Code One	Enter code: The company description code for this type of risk (if applicable).
WORKERS' COMPENSATION RATING INFORMATION	Categories, Duties, Classifications One	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.

WORKERS' COMPENSATION RATING INFORMATION	# of Employees One	Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.
WORKERS' COMPENSATION RATING INFORMATION	# of Employees One	Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate
WORKERS' COMPENSATION RATING INFORMATION	Estimated Annual Remuneration One	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
WORKERS' COMPENSATION RATING INFORMATION	Type of Change Two	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
WORKERS' COMPENSATION RATING INFORMATION	State Two	Enter text: The name of the state to which the rating information is applicable.
WORKERS' COMPENSATION RATING INFORMATION	LOC Two	Enter number: The producer assigned number of the location.
WORKERS' COMPENSATION RATING INFORMATION	Class Code Two	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
WORKERS' COMPENSATION RATING INFORMATION	Descr Code Two	Enter code: The company description code for this type of risk (if applicable).
WORKERS' COMPENSATION RATING INFORMATION	Categories, Duties, Classifications Two	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
WORKERS' COMPENSATION RATING INFORMATION	# of Employees Two	Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.

WORKERS' COMPENSATION RATING INFORMATION	# of Employees Two	Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate
WORKERS' COMPENSATION RATING INFORMATION	Estimated Annual Remuneration Two	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Premises #	Enter number: The location number for the premises.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Building #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Subject of Insurance One	Enter code: The code designating all unit at risk / coverages that are to be insured at this particular location number / building number combination. Examples: B - Building BUSIN - Business Income with Extra Expense BUSER - Business Income with Extra Expense and Rental Value BUSRN - Business Income with Rental Value without Extra Expense BPP - Business Personal Property EE - Extra Expense FF - Furniture & Fixtures LBI - Loss of Business Income MACEQ - Machinery, Equipment PP - Personal Property POTOP - Property of Others STK - Stock

PROPERTY / INLAND MARINE - PREMISES INFORMATION	Amount One	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Coins % One	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Valuation One	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Causes of Loss One	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Inflation Guards % One	Enter percentage: The inflation guard percentage gives an automatic increase in the amount of coverage based on a percentage over time. List both the percentage amount and the period of time during which it applies (e.g., 4% per year).
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Deductible One	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Forms and Conditions to Apply One	Enter text: The form numbers and special conditions that apply to this subject of insurance. Also indicate here if coverage is blanket or average rated.

PROPERTY / INLAND MARINE - PREMISES INFORMATION	Subject of Insurance Two	Enter code: The code designating all unit at risk / coverages that are to be insured at this particular location number / building number combination. Examples: B - Building BUSIN - Business Income with Extra Expense BUSER - Business Income with Extra Expense and Rental Value BUSRN - Business Income with Rental Value without Extra Expense BPP - Business Personal Property EE - Extra Expense FF - Furniture & Fixtures LBI - Loss of Business Income MACEQ - Machinery, Equipment PP - Personal Property POTOP - Property of Others STK - Stock
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Amount Two	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Coins % Two	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Valuation Two	Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information. Example valuation methods are: A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Causes of Loss	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Inflation Guards % Two	Enter percentage: The inflation guard percentage gives an automatic increase in the amount of coverage based on a percentage over time. List both the percentage amount and the period of time during which it applies (e.g., 4% per year).

PROPERTY / INLAND MARINE - PREMISES INFORMATION	Deductible Two	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Forms and Conditions to Apply Two	Enter text: The form numbers and special conditions that apply to this subject of insurance. Also indicate here if coverage is blanket or average rated.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Additional Coverages, Options, Endorsements, and Rating Information	Enter text: The remarks associated with a specific location or sublocation.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Construction Type	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Distance to Hydrant	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Distance to Fire Stat	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Fire District / Code Number	Enter text: The property's fire district name.
PROPERTY / INLAND MARINE - PREMISES INFORMATION		Enter code: The property's fire district code number which can be found in the individual states manual pages.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Prot CL	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	# Stories	Enter number: The number of stories or floors for this building not including any basement.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	# Basements	Enter number: The number of basements for this building.

PROPERTY / INLAND MARINE - PREMISES INFORMATION	Yr Built	Enter year: The year the building at each location was originally constructed. Specify in the Remarks section any significant additions or renovations and the year they were completed.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Total Area	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Wiring	Check the box (if applicable): Indicates if any wiring improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter year: The year the wiring improvements took place.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Roofing	Check the box (if applicable): Indicates if any roofing improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter year: The year the roofing improvements took place.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Plumbing	Check the box (if applicable): Indicates if any plumbing improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter year: The year the plumbing improvements took place.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Heating	Check the box (if applicable): Indicates if any heating improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter year: The year the heating improvements took place.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Other Improvements	Check the box (if applicable): Indicates if any other improvements have been made since the original construction.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Year	Enter text: The description of other improvements that have been made to the structure.

PROPERTY / INLAND MARINE - PREMISES INFORMATION	Bldg Code Grade	Enter code: The industry code used to collect the building code effectiveness grade code. The source of this code list is public protection classification or individual insurer rating manuals.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Inspected? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the structure has been inspected specific to its Building Code effectiveness grade.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Roof Type	Enter code: The material used to construct the roof. Examples include: * Composition (fiberglass, asphalt, etc.) * Metal * Poured * Slate * Tile * Wood Shake (Please note this list is not all inclusive)
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Tax Code	Enter code: The city, county or state tax code, if applicable.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Other Occupancies	Enter text: The description of any other occupancies located in the building not operated by the insured and not listed in the Description of Operations section on the ACORD 125. If no other occupancy, enter None.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Right Exposure & Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the right of the insured premises.
PROPERTY / INLAND MARINE - PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the right of the insured premises in linear feet.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Left Exposure & Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the left of the insured premises.
PROPERTY / INLAND MARINE - PREMISES INFORMATION		Enter number: The distance to the adjacent exposure on the left of the insured premises in linear feet.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Rear Exposure & Distance	Enter text: The description of the buildings, structures, activities conducted, or use of the adjacent property to the rear of the insured premises.
PROPERTY / INLAND MARINE - PREMISES INFORMATION		Enter number: The distance to the adjacent exposure in the rear of the insured premises in linear feet.

PROPERTY / INLAND MARINE - PREMISES INFORMATION	Burglar Alarm Type	Enter text: The description of any burglar alarm protecting the building or contents. Descriptive terms such as safe, premises, perimeter, or ultrasonic may be suitable.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Certificate #	Enter identifier: The Underwriters Laboratories or other testing organization Certificate Number, if applicable. Attach a copy of the certificate to the application.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Expiration Date	Enter date: The expiration date of the certificate. (MM/DD/YYYY)
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Extent	Enter code: The designated extent of protection as described in the Insurance Services Office crime rating manual.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Grade	Enter code: The alarm grade as described in the Insurance Services Office crime rating manual (e.g., AA, A, B, C) which indicates the time required to respond to a signal from the alarm system.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Central Station	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	With Keys	Check the box (if applicable): Indicates the alarm company, located off the insured's premises, has keys to the applicant's property.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Burglar Alarm Installed and Serviced By	Enter text: The name of the alarm company that installed and services the alarm. Alarm companies often install, maintain, and service the system in addition to providing Central Station facilities.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	# Guards/Watchmen	Enter number: The number of guards and or watchmen employed or contracted for by the insured.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Clock Hourly	Check the box (if applicable): Indicates the guard / watchman is required to make hourly rounds using a special time recording device or in connection with the central station service. If other than hourly, indicate the time interval in the Other box.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Other than Hourly	Check the box (if applicable): Indicates the guard / watchman is required to make some other type of rounds.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Other than Hourly	Enter text: The description of the rounds the guards / watchmen are required to make.

PROPERTY / INLAND MARINE - PREMISES INFORMATION	Premises Fire Protection	Enter text: The description of the type of fire protection for the premises (e.g. sprinklers, standpipes, chemical systems).
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Fire Alarm Manufacturer	Enter text: The name of the manufacturer of the alarm, and if it is UL listed.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Central Station	Check the box (if applicable): Indicates the fire alarm rings at an alarm company, police department or fire department.
PROPERTY / INLAND MARINE - PREMISES INFORMATION	Local Gong	Check the box (if applicable): Indicates the fire alarm rings on an audible gong located outside of the building.
INLAND MARINE-SCHEDULED EQUIPMENT	% Coinsurance	Enter percentage: The coinsurance percent at which the rate is published. Also, the amount of property value insured (as a percent). It can also represent the least amount of insurance the insured must carry on the property protected by the policy.
INLAND MARINE-SCHEDULED EQUIPMENT	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
INLAND MARINE-SCHEDULED EQUIPMENT	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
INLAND MARINE-SCHEDULED EQUIPMENT	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
INLAND MARINE-SCHEDULED EQUIPMENT	Number (#) One	Enter identifier: The producer assigned identifier for the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Model Year One	Enter year: The model year of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Description One	Enter text: The description of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	ID #/Serial # One	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Date Purchased One	Enter date: The date the item was purchased, (MM/DD/YYYY).
INLAND MARINE-SCHEDULED EQUIPMENT	New/Used One	Enter code: A code indicating if the item was purchased new or used.

INLAND MARINE-SCHEDULED EQUIPMENT	Amount of Insurance One	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect any required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
INLAND MARINE-SCHEDULED EQUIPMENT	Number (#) Two	Enter identifier: The producer assigned identifier for the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Model Year Two	Enter year: The model year of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Description Two	Enter text: The description of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	ID #/Serial # Two	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
INLAND MARINE-SCHEDULED EQUIPMENT	Date Purchased Two	Enter date: The date the item was purchased, (MM/DD/YYYY).
INLAND MARINE-SCHEDULED EQUIPMENT	New/Used Two	Enter code: A code indicating if the item was purchased new or used.
INLAND MARINE-SCHEDULED EQUIPMENT	Amount of Insurance Two	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect any required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
GENERAL LIABILITY - LIMITS	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
GENERAL LIABILITY - LIMITS	General Aggregate	Enter limit: The general liability, general aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - LIMITS	Products & Completed Operations Aggregate	Enter limit: The general liability, products and completed operations aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - LIMITS	Personal & Advertising Injury	Enter limit: The general liability, personal and advertising injury limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - LIMITS	Each Occurrence	Enter limit: The general liability, each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - LIMITS	Damage to Rented Premises	Enter limit: The general liability, damage to rented premises each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - LIMITS	Medical Expense	Enter limit: The general liability, medical expense each person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

GENERAL LIABILITY - LIMITS	Employee Benefits	Enter limit: The general liability employee benefits limit amount.
GENERAL LIABILITY - LIMITS	Other	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - LIMITS	Other Benefits	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Type of Change One	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Location # One	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Haz # One	Enter number: A unique (within location) number distinguishing this unit-at-risk from the others.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Classification One	Enter text: The classification the applicant's liability exposures by location, using the ISO Classification Table or other industry organization rules. Enter the appropriate class description from the table in this field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Class Code One	Enter code: The general liability class code that corresponds to the classification description shown in the previous field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Premium Basis One	Enter code: An industry code designating the rating basis of the exposure amount.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Exposure One	Enter amount: The amount of the exposure used for this class code in calculating the premium. The contents of this data element depends on the rating basis used. The full amount of exposure is contained.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Terr One	Enter code: The rating territory code based on location from the appropriate state exception page.

GENERAL LIABILITY - SCHEDULE OF HAZARDS	Type of Change Two	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Location # Two	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Haz # Two	Enter number: A unique (within location) number distinguishing this unit-at-risk from the others.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Classification Two	Enter text: The classification the applicant's liability exposures by location, using the ISO Classification Table or other industry organization rules. Enter the appropriate class description from the table in this field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Class Code Two	Enter code: The general liability class code that corresponds to the classification description shown in the previous field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Premium Basis Two	Enter code: An industry code designating the rating basis of the exposure amount.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Exposure Two	Enter amount: The amount of the exposure used for this class code in calculating the premium. The contents of this data element depends on the rating basis used. The full amount of exposure is contained.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Terr Two	Enter code: The rating territory code based on location from the appropriate state exception page.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Type of Change Three	Enter code: The type of change being requested. Enter either an A-Add, C-Change, D-Delete or I - Informational Only No Change. Various combinations of changes are permitted in one submission. Use "A" to add an item that was not previously in the policy (e.g., add a vehicle, add a coverage). Use "D" to delete an item (e.g., delete a vehicle, delete a driver). Use "C" to change an item in the policy (e.g., change a deductible, change coverage limits). Use "I" to identify a risk or other item that is not being changed but is related to another change on the form. Example: When adding collision coverage to a vehicle, enter "A" in the type of change for Collision. Enter "I" in the type of change for the Vehicle. Enter enough information to identify the vehicle that is having coverage changed (e.g. year, make, model, body, VIN).
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Location # Three	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.

GENERAL LIABILITY - SCHEDULE OF HAZARDS	Haz # Three	Enter number: A unique (within location) number distinguishing this unit-at-risk from the others.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Classification Three	Enter text: The classification the applicant's liability exposures by location, using the ISO Classification Table or other industry organization rules. Enter the appropriate class description from the table in this field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Class Code Three	Enter code: The general liability class code that corresponds to the classification description shown in the previous field.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Premium Basis Three	Enter code: An industry code designating the rating basis of the exposure amount.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Exposure Three	Enter amount: The amount of the exposure used for this class code in calculating the premium. The contents of this data element depends on the rating basis used. The full amount of exposure is contained.
GENERAL LIABILITY - SCHEDULE OF HAZARDS	Terr Three	Enter code: The rating territory code based on location from the appropriate state exception page.
UMBRELLA CHANGES	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
UMBRELLA CHANGES	Limit of Liability	Enter limit: The excess or umbrella liability each occurrence limit.
UMBRELLA CHANGES	Retained Limit	Enter deductible: The excess or umbrella liability deductible or retention amount.
UMBRELLA CHANGES	Other	Enter text: The description of other coverage (not the limit) on the excess or umbrella liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
ADDITIONAL INTEREST	Add	Check the box (if applicable): Indicates if the type of change being requested is an add.
ADDITIONAL INTEREST	Change	Check the box (if applicable): Indicates if the type of change being requested is a change to an existing piece of data.
ADDITIONAL INTEREST	Delete	Check the box (if applicable): Indicates if the type of change being request is a delete.
ADDITIONAL INTEREST	Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	Employee as Lessor	Check the box (if applicable): Indicates the additional interest type is an employee as lessor.
ADDITIONAL INTEREST	Lender's Loss Payable	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
ADDITIONAL INTEREST	Lienholder	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Other	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	Other Description	Enter text: The description of the other type of additional interest.

ADDITIONAL INTEREST	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Owner	Check the box (if applicable): Indicates the additional interest type is an owner.
ADDITIONAL INTEREST	Registrant	Check the box (if applicable): Indicates the additional interest type is a registrant.
ADDITIONAL INTEREST	Name and Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST		Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Evidence: Certificate	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST	Reference / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Location	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Building	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	Vehicle	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Boat	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Airport	Enter identifier: The Federal Aviation Administration's designator for the airport (e.g. ORD - O'Hare International Airport).
ADDITIONAL INTEREST	Item Class	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
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	Enter identifier: The State License Number of the producer. As used here, this information is required in Florida.
SIGNATURE	Insured'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.