

ACORD 83 FL (2014/12) - Florida Personal Umbrella Application

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

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

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

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

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	Address Line One	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Address Line Two	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION	Zip + 4	Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.

IDENTIFICATION SECTION	Fax	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., person) 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	Plan	Enter code: The product code assigned by the insurer for the policy.
IDENTIFICATION SECTION	Facility Code	Enter identifier: The identification code used by assigned risk plans, FAIR plans and other associations (only applicable in a few states). When using this field, also enter the name of the facility in the carrier or plan field.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
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	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 NAIC.
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Address Line One	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	Address Line Two	Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION	City	Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION	County	Enter text: The named insured's physical address county name.
IDENTIFICATION SECTION	State	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	Zip + 4	Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Date at Curr Res	Enter date: The date insured moved into their current residence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Primary Phone #	Enter number: The named insured's primary phone number.

IDENTIFICATION SECTION	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
IDENTIFICATION SECTION	Bus	Check the box (if applicable): Indicates the primary phone number is for a business phone.
IDENTIFICATION SECTION	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
IDENTIFICATION SECTION	Secondary Phone #	Enter number: The named insured's secondary phone number.
IDENTIFICATION SECTION	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
IDENTIFICATION SECTION	Bus	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
IDENTIFICATION SECTION	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
IDENTIFICATION SECTION	Primary E-Mail Address	Enter text: The named insured's primary e-mail address.
IDENTIFICATION SECTION	Secondary E-Mail Address	Enter text: The named insured's secondary e-mail address.
UMBRELLA INFORMATION	Policy Amount	Enter limit: The policy liability limit for personal umbrella coverage.
UMBRELLA INFORMATION	Retention	Enter amount: The amount of liability retained by the insured. Retention is usually expressed in whole dollars, but can be a percentage.
UMBRELLA INFORMATION	Uninsured Motorist	Enter limit: The limit for personal umbrella uninsured motorist coverage.
UMBRELLA INFORMATION	Other Coverage Code	Enter code: The code associated with the type of coverage being requested.
UMBRELLA INFORMATION	Other Description	Enter text: The description of other underlying coverages.
UMBRELLA INFORMATION	Other Limit	Enter limit: The limit for the coverage.
UMBRELLA INFORMATION	Other Coverage Code	Enter code: The code associated with the type of coverage being requested.
UMBRELLA INFORMATION	Other Description	Enter text: The description of other underlying coverages.
UMBRELLA INFORMATION	Other Limit	Enter limit: The limit for the coverage.
UMBRELLA INFORMATION	Premiums - Basic	Enter amount: The premium for basic personal umbrella coverage.
UMBRELLA INFORMATION	Residences	Enter amount: The premium for residences.
UMBRELLA INFORMATION	Automobiles	Enter amount: The premium for automobiles.
UMBRELLA INFORMATION	Recreational Vehicles	Enter amount: The premium for recreational vehicles.
UMBRELLA INFORMATION	Uninsured Motorist	Enter amount: The premium for uninsured motorist coverage.
UMBRELLA INFORMATION	Watercraft	Enter amount: The premium for watercraft.
UMBRELLA INFORMATION	Other	Enter text: The description of other underlying coverages.
UMBRELLA INFORMATION	Other Amount	Enter amount: The premium for the coverage.

UMBRELLA INFORMATION	Other	Enter text: The description of other underlying coverages.
UMBRELLA INFORMATION	Other Amount	Enter amount: The premium for the coverage.
UMBRELLA INFORMATION	Deposit	Enter amount: The amount of the premium received as a deposit.
UMBRELLA INFORMATION	Estimated Total Premium	Enter amount: The estimated total cost amount of the policy.
UMBRELLA INFORMATION	Calculations	Enter text: The insurance company may require use of specific multipliers or factors which can be shown here.
PRIMARY POLICY INFORMATION	Company	Enter text: The full name of the insurer of the underlying automobile policy.
PRIMARY POLICY INFORMATION	Policy Number	Enter identifier: The policy number of the underlying automobile policy.
PRIMARY POLICY INFORMATION	Eff	Enter date: The effective date of the underlying automobile policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Exp	Enter date: The expiration date of the underlying automobile policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Bodily Injury Liability Each Person	Enter limit: The bodily injury each person limit on the underlying automobile policy.
PRIMARY POLICY INFORMATION	Bodily Injury Liability Each Accident or CSL (Combined Single Limit)	Enter limit: The bodily injury each accident limit or combined single limit on the underlying automobile policy.
PRIMARY POLICY INFORMATION	Property Damage Each Accident	Enter limit: The property damage each accident limit on the underlying automobile policy.
PRIMARY POLICY INFORMATION	Uninsured Motorist Coverage Each Person	Enter limit: The uninsured motorists bodily injury each person limit on the underlying automobile policy.
PRIMARY POLICY INFORMATION	Uninsured Motorist Coverage Each Accident or CSL (Combined Single Limit)	Enter limit: The uninsured motorists bodily injury each accident or combined single limit on the underlying automobile policy.
PRIMARY POLICY INFORMATION	Property Damage Each Accident (if applicable)	Enter limit: The uninsured motorists property damage each accident limit on the underlying automobile policy.
PRIMARY POLICY INFORMATION	Company Name	Enter text: The full name of the insurer of the underlying homeowners policy.
PRIMARY POLICY INFORMATION	Policy Number	Enter identifier: The policy number of the underlying homeowners policy.

PRIMARY POLICY INFORMATION	Eff	Enter date: The effective date of the underlying homeowners policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Exp	Enter date: The expiration date of the underlying homeowners policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Personal Liability Each Occurrence	Enter limit: The liability limit on the underlying homeowners policy.
PRIMARY POLICY INFORMATION	Company Name	Enter text: The full name of the insurer of the underlying dwelling fire policy.
PRIMARY POLICY INFORMATION	Policy Number	Enter identifier: The policy number of the underlying dwelling fire policy.
PRIMARY POLICY INFORMATION	Eff	Enter date: The effective date of the underlying dwelling fire policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Exp	Enter date: The expiration date of the underlying dwelling fire policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Personal Liability Each Occurrence	Enter limit: The liability limit on the underlying dwelling fire policy.
PRIMARY POLICY INFORMATION	Company Name	Enter text: The full name of the insurer of the underlying watercraft policy.
PRIMARY POLICY INFORMATION	Policy Number	Enter identifier: The policy number of the underlying watercraft policy.
PRIMARY POLICY INFORMATION	Eff	Enter date: The effective date of the underlying watercraft policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Exp	Enter date: The expiration date of the underlying watercraft policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Bodily Injury Liability Each Person	Enter limit: The bodily injury each person limit on the underlying watercraft policy.
PRIMARY POLICY INFORMATION	Bodily Injury Liability Each Accident or CSL (Combined Single Limit)	Enter limit: The bodily injury each accident or combined single limit on the underlying watercraft policy.
PRIMARY POLICY INFORMATION	Property Damage Each Accident	Enter limit: The property damage each accident limit on the underlying watercraft policy.
PRIMARY POLICY INFORMATION	Uninsured Boaters Each Person	Enter limit: The uninsured motorists (boaters) bodily injury each person limit on the underlying watercraft policy.

PRIMARY POLICY INFORMATION	Uninsured Boaters Each Accident or CSL (Combined Single Limit)	Enter limit: The uninsured motorists (boaters) bodily injury each accident or combined single limit on the underlying watercraft policy.
PRIMARY POLICY INFORMATION	Property Damage Each Accident (if applicable)	Enter limit: The uninsured motorists (boaters) property damage each accident limit on the underlying watercraft policy.
PRIMARY POLICY INFORMATION	Company Name	Enter text: The full name of the insurer of the underlying recreation vehicle policy.
PRIMARY POLICY INFORMATION	Policy Number	Enter identifier: The policy number on the underlying recreational vehicle policy.
PRIMARY POLICY INFORMATION	Eff	Enter date: The effective date of the underlying recreational vehicle policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Exp	Enter date: The expiration date of the underlying recreational vehicle policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Bodily Injury Liability Each Person	Enter limit: The bodily injury each person limit on the underlying recreational vehicle policy.
PRIMARY POLICY INFORMATION	Bodily Injury Liability Each Accident or CSL (Combined Single Limit)	Enter limit: The bodily injury each accident or combined single limit on the underlying recreational vehicle policy.
PRIMARY POLICY INFORMATION	Property Damage Each Accident	Enter limit: The property damage each accident limit on the underlying recreational vehicle policy.
PRIMARY POLICY INFORMATION	Uninsured Motorist Coverage Each Person	Enter limit: The uninsured motorists bodily injury each person limit on the underlying recreational vehicle policy.
PRIMARY POLICY INFORMATION	Uninsured Motorist Coverage Each Accident or CSL (Combined Single Limit)	Enter limit: The uninsured motorists bodily injury each accident or combined single limit on the underlying recreational vehicle policy.
PRIMARY POLICY INFORMATION	Property Damage Each Accident (if applicable)	Enter limit: The uninsured motorists property damage each accident limit on the underlying recreational vehicle policy.
PRIMARY POLICY INFORMATION	Company Name	Enter text: The full name of the insurer of the underlying employers liability policy.
PRIMARY POLICY INFORMATION	Policy Number	Enter identifier: The policy number of the underlying employers liability policy.
PRIMARY POLICY INFORMATION	Eff	Enter date: The effective date of the underlying employers liability policy. (MM/DD/YYYY)

PRIMARY POLICY INFORMATION	Exp	Enter date: The expiration date of the underlying employers liability policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Employers Liability Limit	Enter limit: The limit of the underlying employers liability policy.
PRIMARY POLICY INFORMATION	Type of Policy	Enter text: The description of the underlying policy type.
PRIMARY POLICY INFORMATION	Company Name	Enter text: The full name of the insurer of the underlying policy.
PRIMARY POLICY INFORMATION	Policy Number	Enter identifier: The policy number of the underlying policy.
PRIMARY POLICY INFORMATION	Eff	Enter date: The effective date of the underlying policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Exp	Enter date: The expiration date of the underlying policy. (MM/DD/YYYY)
PRIMARY POLICY INFORMATION	Other Coverage Description	Enter text: The description of the coverage.
PRIMARY POLICY INFORMATION	Other Coverage Limit	Enter limit: The limit on the underlying policy.
PAYMENT PLAN	Billing Account #	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
PAYMENT PLAN	Deposit Amount \$	Enter amount: The amount of the premium received as a deposit.
PAYMENT PLAN	Est Total Premium \$	Enter amount: The estimated total cost amount of the policy.
PAYMENT PLAN	Direct Bill - Policy	Check the box (if applicable): Indicates if the policy is to be direct billed.
PAYMENT PLAN	Direct Bill - Acct	Check the box (if applicable): Indicates if the account is to be direct billed.
PAYMENT PLAN	Agency Bill	Check the box (if applicable): Indicates if the policy is to be producer / agency billed.
PAYMENT PLAN	Full Pay	Check the box (if applicable): Indicates a full payment will be made on the policy.
PAYMENT PLAN	Annual	Check the box (if applicable): Indicates the policy will be paid annually.
PAYMENT PLAN	Semi-Annual	Check the box (if applicable): Indicates the policy will be paid semi-annually.
PAYMENT PLAN	Quarterly	Check the box (if applicable): Indicates the policy will be paid quarterly.
PAYMENT PLAN	Bi-Monthly	Check the box (if applicable): Indicates the policy will be paid bi-monthly.

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

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

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

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

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

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

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

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

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

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

WATERCRAFT	Waters Navigated - Great Lakes	Check the box (if applicable): Indicates the waters navigated are the Great Lakes.
WATERCRAFT	Waters Navigated - Inland Waterways	Check the box (if applicable): Indicates the waters navigated are inland waterways. Inland Waterways are all inland bodies of water including lakes and intercoastal waterways, excluding rivers and the Great Lakes.
WATERCRAFT	Waters Navigated - Pacific	Check the box (if applicable): Indicates the waters navigated is the Pacific ocean.
WATERCRAFT	Waters Navigated - Rivers	Check the box (if applicable): Indicates the waters navigated are rivers.
WATERCRAFT	Waters Navigated - Gulf of Mexico	Check the box (if applicable): Indicates the waters navigated is the Gulf of Mexico.
WATERCRAFT	Waters Navigated - Other	Check the box (if applicable): Indicates the waters navigated are other than those listed.
WATERCRAFT	Waters Navigated - Other Description	Enter text: The waters where the watercraft is predominantly used.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	First Name	Enter text: The driver's first name (given name).
OPERATORS	Middle Name	Enter text: The driver's middle name or initial (other given name).
OPERATORS	Last Name	Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Mar 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
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Date Lic	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
OPERATORS	Drivers License #	Enter identifier: The driver's license number.
OPERATORS	Lic State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	Vehicle	Enter number: The producer assigned vehicle number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
OPERATORS	Craft	Enter number: The producer assigned watercraft number that this driver primarily uses.

OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
OPERATORS	Other	Enter text: The annual mileage or any other information required by the insurance company for the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	First Name	Enter text: The driver's first name (given name).
OPERATORS	Middle Name	Enter text: The driver's middle name or initial (other given name).
OPERATORS	Last Name	Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Mar 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
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Date Lic	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
OPERATORS	Drivers License #	Enter identifier: The driver's license number.
OPERATORS	Lic State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	Vehicle	Enter number: The producer assigned vehicle number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
OPERATORS	Craft	Enter number: The producer assigned watercraft number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
OPERATORS	Other	Enter text: The annual mileage or any other information required by the insurance company for the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	First Name	Enter text: The driver's first name (given name).
OPERATORS	Middle Name	Enter text: The driver's middle name or initial (other given name).

OPERATORS	Last Name	Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Mar 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
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Date Lic	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
OPERATORS	Drivers License #	Enter identifier: The driver's license number.
OPERATORS	Lic State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	Vehicle	Enter number: The producer assigned vehicle number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
OPERATORS	Craft	Enter number: The producer assigned watercraft number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
OPERATORS	Other	Enter text: The annual mileage or any other information required by the insurance company for the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	First Name	Enter text: The driver's first name (given name).
OPERATORS	Middle Name	Enter text: The driver's middle name or initial (other given name).
OPERATORS	Last Name	Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Mar 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
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	#	Enter number: The number assigned to the driver by the producer.

OPERATORS	Date Lic	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
OPERATORS	Drivers License #	Enter identifier: The driver's license number.
OPERATORS	Lic State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	Vehicle	Enter number: The producer assigned vehicle number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
OPERATORS	Craft	Enter number: The producer assigned watercraft number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
OPERATORS	Other	Enter text: The annual mileage or any other information required by the insurance company for the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	First Name	Enter text: The driver's first name (given name).
OPERATORS	Middle Name	Enter text: The driver's middle name or initial (other given name).
OPERATORS	Last Name	Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Mar 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
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Date Lic	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
OPERATORS	Drivers License #	Enter identifier: The driver's license number.
OPERATORS	Lic State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	Vehicle	Enter number: The producer assigned vehicle number that this driver primarily uses.

OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
OPERATORS	Craft	Enter number: The producer assigned watercraft number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
OPERATORS	Other	Enter text: The annual mileage or any other information required by the insurance company for the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	First Name	Enter text: The driver's first name (given name).
OPERATORS	Middle Name	Enter text: The driver's middle name or initial (other given name).
OPERATORS	Last Name	Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Mar 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
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Date Lic	Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY)
OPERATORS	Drivers License #	Enter identifier: The driver's license number.
OPERATORS	Lic State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security #	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	Vehicle	Enter number: The producer assigned vehicle number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
OPERATORS	Craft	Enter number: The producer assigned watercraft number that this driver primarily uses.
OPERATORS	% Use	Enter percentage: Indicates the percentage of driving done by this driver in the primary watercraft that this driver uses.
OPERATORS	Other	Enter text: The annual mileage or any other information required by the insurance company for the driver.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
OPERATOR INFORMATION	Losses - Number of Years	Enter number: The number of years of loss information required by the insurer.
OPERATOR INFORMATION	1. Has any auto accident or liability loss on any primary or excess policy occurred, regardless of fault during the last (enter number) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there have been any losses at any location, whether paid or not paid by insurance, in the last mandated number of years.
OPERATOR INFORMATION	Driver #	Enter number: The producer assigned number for the driver involved in the loss, if applicable.
OPERATOR INFORMATION	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
OPERATOR INFORMATION	Description	Enter text: A brief description of the loss.
OPERATOR INFORMATION	Cost	Enter amount: The amount that has been paid on this claim to date.
OPERATOR INFORMATION	Driver #	Enter number: The producer assigned number for the driver involved in the loss, if applicable.
OPERATOR INFORMATION	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
OPERATOR INFORMATION	Description	Enter text: A brief description of the loss.
OPERATOR INFORMATION	Cost	Enter amount: The amount that has been paid on this claim to date.
OPERATOR INFORMATION	Driver #	Enter number: The producer assigned number for the driver involved in the loss, if applicable.
OPERATOR INFORMATION	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
OPERATOR INFORMATION	Description	Enter text: A brief description of the loss.
OPERATOR INFORMATION	Cost	Enter amount: The amount that has been paid on this claim to date.
OPERATOR INFORMATION	Driver #	Enter number: The producer assigned number for the driver involved in the loss, if applicable.
OPERATOR INFORMATION	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
OPERATOR INFORMATION	Description	Enter text: A brief description of the loss.
OPERATOR INFORMATION	Cost	Enter amount: The amount that has been paid on this claim to date.

OPERATOR INFORMATION	2. Any operators convicted for any traffic violations during the last three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any operators convicted for any traffic violations during the mandated number of years?".
OPERATOR INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
OPERATOR INFORMATION	Date	Enter date: The date the driver received the traffic violation.
OPERATOR INFORMATION	Description	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
OPERATOR INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
OPERATOR INFORMATION	Date	Enter date: The date the driver received the traffic violation.
OPERATOR INFORMATION	Description	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
OPERATOR INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
OPERATOR INFORMATION	Date	Enter date: The date the driver received the traffic violation.
OPERATOR INFORMATION	Description	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
OPERATOR INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
OPERATOR INFORMATION	Date	Enter date: The date the driver received the traffic violation.
OPERATOR INFORMATION	Description	Enter text: The description of the traffic violation. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
OPERATOR INFORMATION	3. Any driver have a physical impairment that would affect the ability to drive?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any driver have a physical impairment that would affect the ability to drive?".
OPERATOR INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.
OPERATOR INFORMATION	Description of Special Equipment in Vehicle	Enter text: The description of any special equipment.
OPERATOR INFORMATION	4. Any driver undergoing a course of medical treatment for a physical / mental impairment that would affect the ability to drive?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any driver undergoing a course of medical treatment for a physical or mental impairment that would affect the ability to drive?".
OPERATOR INFORMATION	Drv #	Enter number: The number assigned to the driver by the producer.

OPERATOR INFORMATION	Explanation	Enter text: The description of any course of medical treatment for a driver with a physical or mental impairment.
EMPLOYMENT INFORMATION	Applicant's Occupation	Enter text: The named insured's primary occupation or business activity.
EMPLOYMENT INFORMATION	Applicant's Employer Name and Address	Enter text: The employer name (business name if self-employed).
EMPLOYMENT INFORMATION		Enter text: The first address line of the employer's physical address.
EMPLOYMENT INFORMATION		Enter text: The second address line of the employer's physical address.
EMPLOYMENT INFORMATION		Enter text: The city of the employer's physical address.
EMPLOYMENT INFORMATION		Enter code: The state code of the employer's physical address.
EMPLOYMENT INFORMATION		Enter code: The postal code of the employer's physical address.
EMPLOYMENT INFORMATION	Years Employed	Enter number: The number of years employed.
EMPLOYMENT INFORMATION	Co-Applicant's Occupation	Enter text: The named insured's primary occupation or business activity.
EMPLOYMENT INFORMATION	Co-Applicant's Employer Name and Address	Enter text: The employer name (business name if self-employed).
EMPLOYMENT INFORMATION		Enter text: The first address line of the employer's physical address.
EMPLOYMENT INFORMATION		Enter text: The second address line of the employer's physical address.
EMPLOYMENT INFORMATION		Enter text: The city of the employer's physical address.
EMPLOYMENT INFORMATION		Enter code: The state code of the employer's physical address.
EMPLOYMENT INFORMATION		Enter code: The postal code of the employer's physical address.
EMPLOYMENT INFORMATION	Years Employed	Enter number: The number of years employed.

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

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

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

GENERAL INFORMATION	Safety Net Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the trampoline on the premises has a safety net.
GENERAL INFORMATION	5. Any aircraft owned, leased, chartered or furnished for regular use?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any aircraft owned, leased, chartered or furnished for regular use?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any aircraft owned, leased or chartered.
GENERAL INFORMATION	6. Any real estate, vehicles, watercraft, aircraft used commercially or for business purposes?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any real estate, vehicles, watercraft, aircraft used commercially or for business purposes?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any real estate, vehicles, watercraft or aircraft used commercially.
GENERAL INFORMATION	7. Any real estate, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any real estate, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any real estate, vehicles, watercraft or aircraft not covered by the primary insurance policy.
GENERAL INFORMATION	8. Do you engage in farming operation?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do you engage in any type of farming operation?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any farming operation on the premises.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
GENERAL INFORMATION	9. Do you hold any non-compensated positions?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do you hold any non-compensated positions?".
GENERAL INFORMATION		Enter text: An explanation of any non-compensated positions.
GENERAL INFORMATION	10. Any non-owned property exceeding \$1,000 in value in your care, custody or control?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any non-owned property exceeding \$1,000 in value, in your care, custody or control?".

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

REMARKS	Other	Check the box (if applicable): Indicates there is an attachment to the application other than those listed.
REMARKS	Other Description	Enter text: The description of an attachment.
REMARKS	Remarks	Enter text: The remarks associated with the personal umbrella line of business.
BINDER	Effective Date	Enter date: The date on which the terms and conditions of the binder commenced. This date normally coincides with the effective date of the policy or of an endorsement to the policy.
BINDER	Time	Enter time: The time of day on the effective date in which the terms and conditions of the binder will commence.
BINDER	Expiration Date	Enter date: The date on which the terms and conditions of the policy will or have expired. Certain state laws limit the terms of a binder, so this date may not coincide with the policy expiration date.
BINDER	12:01 AM	Check the box (if applicable): Indicates the binder expires at 12:01 AM on the expiration date.
BINDER	Noon	Check the box (if applicable): Indicates the binder expires at 12:00 noon on the expiration date.
BINDER	Coverage is not bound	Check the box (if applicable): Indicates the coverage has not been bound.
NOTICE OF INFORMATION PRACTICES	Applicant's Initials	Initial here: The named insured's initials.
FRAUD STATEMENTS / SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
FRAUD STATEMENTS / SIGNATURE	Producer's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
FRAUD STATEMENTS / SIGNATURE	State Producer License No (Required in Florida)	Enter identifier: The State License Number of the producer.
FRAUD STATEMENTS / SIGNATURE	Name Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
FRAUD STATEMENTS / SIGNATURE	Date	Enter date: The date the form was signed by the named insured. (MM/DD/YYYY)
FRAUD STATEMENTS / SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.