

ACORD 85 (2016/11) - MOBILE HOME APPLICATION

ACORD 85, Mobile Home Application, is used to apply for insurance coverage for a mobile home. The form includes a section for the certification of mobile home tie downs, as well as information regarding minimum tie down requirements.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
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 1	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Address 1	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 phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	Email Address	Enter text: The e-mail address of the individual at the producer's establishment that is the primary contact.
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	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	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	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	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 1	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	Address 1	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	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 Current Residence	Enter date: The date insured moved into their current residence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Primary Phone Number	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	Business	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 Number	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	Business	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 Email Address	Enter text: The named insured's primary e-mail address.
IDENTIFICATION SECTION	Secondary Email Address	Enter text: The named insured's secondary e-mail address.
IDENTIFICATION SECTION	Birth Date	Enter date: The date of birth of the insured. (MM/DD/YYYY)

IDENTIFICATION SECTION	Marital Status	Enter code: The insured's marital status. The applicable codes are: * S Single * M Married * D Divorced * F Fiancé or Fiancée * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union / Registered Domestic Partner * U Unknown * O Other
IDENTIFICATION SECTION	Applicant's Occupation	Enter text: The named insured's primary occupation or business activity.
IDENTIFICATION SECTION	Co-Applicant's Occupation	Enter text: The named insured's primary occupation or business activity.
LOCATION INFORMATION	Property Address Street	Enter text: The address line one of the physical location.
LOCATION INFORMATION	City	Enter text: The city name of the physical location.
LOCATION INFORMATION	County	Enter text: The county name of the physical location.
LOCATION INFORMATION	State	Enter code: The state or province code of the physical location.
LOCATION INFORMATION	Zip +4	Enter code: The postal code of the physical location.
LOCATION INFORMATION	Mobile Home Park Name	Enter text: The name of the mobile home park.
LOCATION INFORMATION	Date Park Established	Enter date: The date the mobile home park was established.
LOCATION INFORMATION	Number of Permanent Spaces in Park	Enter number: The number of permanent spaces in the mobile home park.
COVERAGES / LIMITS OF LIABILITY	Fire	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Basic.
COVERAGES / LIMITS OF LIABILITY	Fire &EC	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Extended Coverage.
COVERAGES / LIMITS OF LIABILITY	Fire, EC & VMM	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Extended Coverage and Vandalism and Malicious Mischief.
COVERAGES / LIMITS OF LIABILITY	Broad	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Broad (HO-2).
COVERAGES / LIMITS OF LIABILITY	Special	Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Special.
COVERAGES / LIMITS OF LIABILITY	Dwelling Limit	Enter limit: The limit associated with dwelling coverage.

COVERAGES / LIMITS OF LIABILITY	Dwelling Premium	Enter amount: The premium associated with dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Other Structures Included	Check the box (if applicable): Indicates other structures coverage is included.
COVERAGES / LIMITS OF LIABILITY	Other Structures Limit	Enter limit: The limit associated with other structures coverage.
COVERAGES / LIMITS OF LIABILITY	Other Structures Premium	Enter amount: The premium associated with other structures coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Property Limit	Enter limit: The limit associated with personal property coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Property Premium	Enter amount: The premium associated with personal property coverage.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Actual Loss Sustained	Check the box (if applicable): Indicates the loss of use coverage is on an actual loss sustained basis.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Limit	Enter limit: The limit associated with loss of use coverage.
COVERAGES / LIMITS OF LIABILITY	Loss of Use Premium	Enter amount: The premium associated with loss of use coverage.
COVERAGES / LIMITS OF LIABILITY	Blanket Limit	Enter limit: The limit associated with blanket coverage which includes dwelling, other structures, personal property, and loss of use).
COVERAGES / LIMITS OF LIABILITY	Blanket Premium	Enter amount: The premium associated with blanket coverage.
COVERAGES / LIMITS OF LIABILITY	Rental Value Actual Loss Sustained	Check the box (if applicable): Indicates the rental value coverage is on an actual loss sustained basis.
COVERAGES / LIMITS OF LIABILITY	Rental Value Limit	Enter limit: The limit associated with rental value (dwelling fire only) coverage.
COVERAGES / LIMITS OF LIABILITY	Rental Value Premium	Enter amount: The premium associated with rental value (dwelling fire only) coverage.
COVERAGES / LIMITS OF LIABILITY	Additional Expense Limit	Enter limit: The limit associated with additional expense coverage.
COVERAGES / LIMITS OF LIABILITY	Additional Expense Premium	Enter amount: The premium associated with additional expense coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Liability Ea Occ Limit	Enter limit: The limit associated with personal liability each occurrence coverage.

COVERAGES / LIMITS OF LIABILITY	Personal Liability Ea Occ Premium	Enter amount: The premium associated with personal liability coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Ea Per Limit	Enter limit: The limit associated with medical payments each person coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments Ea Per Premium	Enter amount: The premium associated with medical payments coverage.
COVERAGES / LIMITS OF LIABILITY	Repl Cost - Full Value Included	Check the box (if applicable): Indicates that replacement cost full value coverage is included.
COVERAGES / LIMITS OF LIABILITY	Repl Cost - Full Value % Max	Enter percentage: The maximum percentage of increased replacement cost selected in accordance with the company rules.
COVERAGES / LIMITS OF LIABILITY	Repl Cost - Full Value Premium	Enter amount: The premium for full value replacement cost coverage.
COVERAGES / LIMITS OF LIABILITY	Repl Cost - Dwelling Included	Check the box (if applicable): Indicates that replacement cost - dwelling coverage is included.
COVERAGES / LIMITS OF LIABILITY	Repl Cost - Dwelling Premium	Enter amount: The premium for replacement cost - dwelling coverage.
COVERAGES / LIMITS OF LIABILITY	Repl Cost - Contents Included	Check the box (if applicable): Indicates that replacement cost - contents coverage is included.
COVERAGES / LIMITS OF LIABILITY	Repl Cost - Contents Premium	Enter amount: The premium for replacement cost - contents coverage.
COVERAGES / LIMITS OF LIABILITY	Total Location Premium	Enter amount: The premium for the full term (six months, annual, etc.) of the policy, including endorsements.
COVERAGES / LIMITS OF LIABILITY	Deductible Base Amount	Enter deductible: The base deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Base Percentage	Enter percentage: The base percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Base Type	Enter code: The deductible type (e.g. flat, percentage) for the base deductible.
COVERAGES / LIMITS OF LIABILITY	Deductible Wind / Hail Amount	Enter deductible: The wind / hail deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Wind / Hail Percentage	Enter percentage: The wind / hail percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Wind / Hail Type	Enter code: The deductible type (e.g. flat, percentage) for the wind / hail deductible.

COVERAGES / LIMITS OF LIABILITY	Deductible Theft Amount	Enter deductible: The theft deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Theft Percentage	Enter percentage: The theft percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Theft Type	Enter code: The deductible type (e.g. flat, percentage) for the theft deductible.
COVERAGES / LIMITS OF LIABILITY	Deductible Other	Enter text: The coverage associated with the deductible you are entering.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
COVERAGES / LIMITS OF LIABILITY	Deductible Other	Enter text: The coverage associated with the deductible you are entering.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
COVERAGES / LIMITS OF LIABILITY	Deductible Other	Enter text: The coverage associated with the deductible you are entering.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
COVERAGES / LIMITS OF LIABILITY	Named Hurricane Amount	Enter deductible: The named hurricane deductible amount if the deductible is expressed as a dollar amount. As used here, this is not applicable in North Carolina.
COVERAGES / LIMITS OF LIABILITY	Named Hurricane Percentage	Enter percentage: The named hurricane percentage deductible if the deductible is expressed as a percentage. As used here, in North Carolina, this is the named storm percentage deductible.

COVERAGES / LIMITS OF LIABILITY	Named Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the named hurricane deductible. As used here, in North Carolina, this is the named storm percentage deductible.
COVERAGES / LIMITS OF LIABILITY	Annual Hurricane Amount	Enter deductible: The annual hurricane deductible amount if the deductible is expressed as a dollar amount. As used here, this is not applicable in North Carolina.
COVERAGES / LIMITS OF LIABILITY	Annual Hurricane Percentage	Enter percentage: The annual hurricane percentage deductible if the deductible is expressed as a percentage. As used here, this is not applicable in North Carolina.
COVERAGES / LIMITS OF LIABILITY	Annual Hurricane Type	Enter code: The deductible type (e.g. flat, percentage) for the annual hurricane deductible. As used here, this is not applicable in North Carolina.
COVERAGES / LIMITS OF LIABILITY	Deductible Other	Enter text: The coverage associated with the deductible you are entering.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
COVERAGES / LIMITS OF LIABILITY	Deductible Other	Enter text: The coverage associated with the deductible you are entering.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
COVERAGES / LIMITS OF LIABILITY	Deductible Other	Enter text: The coverage associated with the deductible you are entering.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Amount	Enter deductible: The deductible amount if the deductible is expressed as a dollar amount.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Percentage	Enter percentage: The percentage deductible if the deductible is expressed as a percentage.
COVERAGES / LIMITS OF LIABILITY	Deductible Other Type	Enter code: The deductible type (e.g. flat, percentage) for the other deductible.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ord or Law Coverage Agg Amount	Enter limit: The aggregate limit for building ordinance or law coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Building Ord or Law Coverage Included	Check the box (if applicable): Indicates the building ordinance or law coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ord or Law Coverage Incr Amount	Enter limit: The increased limit for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ord or Law Coverage % Rebuild	Enter percentage: The rebuild percentage for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Building Ord or Law Coverage Premium	Enter amount: The premium for building ordinance or law coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal Included	Check the box (if applicable): Indicates the debris removal coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal Limit	Enter limit: The limit for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Debris Removal Premium	Enter amount: The premium for debris removal coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake % Deductible	Enter percentage: The percentage deductible for earthquake coverage if the deductible is expressed as a percentage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake Deductible Amount	Enter deductible: The deductible amount for earthquake coverage if the deductible is expressed in dollars.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake Terr	Enter code: The earthquake zone (territory) associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake Retrofit Type	Enter text: The type of earthquake retrofit for the residence.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake Mas Veneer %	Enter percentage: The percentage of construction that is masonry veneer.
OPTIONAL COVERAGES - ENDORSEMENTS	Earthquake Premium	Enter amount: The premium for earthquake coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fire Department Service Charge Included	Check the box (if applicable): Indicates the fire department service charge coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter limit: The limit amount for the fire department service charge coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Fire Department Service Charge Premium	Enter amount: The premium for fire department service charge coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Inflation Guard % Increase	Enter percentage: The increase percentage for inflation guard coverage.

OPTIONAL COVERAGES - ENDORSEMENTS	Inflation Guard Premium	Enter amount: The premium for inflation guard coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Loss Assessment Limit	Enter limit: The limit amount for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Loss Assessment Premium	Enter amount: The premium for loss assessment coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Mine Subsidence Limit	Enter limit: The limit for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Mine Subsidence Construction Material	Enter code: The type of construction material.
OPTIONAL COVERAGES - ENDORSEMENTS	Mine Subsidence Construction Property Description	Enter text: The description of the property.
OPTIONAL COVERAGES - ENDORSEMENTS	Mine Subsidence Construction Premium	Enter amount: The premium for mine subsidence coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Unit-Owners Additions & Alteration Special Coverage Included	Check the box (if applicable): Indicates unit owners additions and alterations special coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Unit-Owners Additions & Alteration Special Coverage Limit	Enter limit: The limit for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Unit-Owners Additions & Alteration Special Coverage Premium	Enter amount: The premium for unit owners additions and alterations special coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Water Backup of Sewers & Drains Included	Check the box (if applicable): Indicates water backup of sewers and drains coverage is included.
OPTIONAL COVERAGES - ENDORSEMENTS	Water Backup of Sewers & Drains Limit	Enter limit: The limit for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Water Backup of Sewers & Drains Premium	Enter amount: The premium for water backup of sewers and drains coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Windstorm Excl Yes	Check the box (if applicable): Indicates that windstorm exclusion applies.
OPTIONAL COVERAGES - ENDORSEMENTS	Windstorm Excl Premium	Enter amount: The premium for windstorm exclusion.

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

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

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

OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates a "Yes" or "No" option for the coverage, if applicable.
OPTIONAL COVERAGES - ENDORSEMENTS	Premium	Enter amount: The premium for the coverage.
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OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the first limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Limit	Enter amount: The second limit associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Applies To	Enter code: The code identifying what the second limit applies to (e.g. Per Person, Per Occurrence, etc.).
OPTIONAL COVERAGES - ENDORSEMENTS	Deductible	Enter amount: The deductible associated with the coverage.
OPTIONAL COVERAGES - ENDORSEMENTS	Type	Enter code: The type of deductible (e.g. Flat, Percent, etc.)
OPTIONAL COVERAGES - ENDORSEMENTS	Terr	Enter code: The rating territory for the coverage.

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

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
RATING / UNDERWRITING	Year	Enter year: The model year of the mobile home.
RATING / UNDERWRITING	Make	Enter text: The name of the manufacturer of the mobile home.
RATING / UNDERWRITING	Model	Enter text: The manufacturer's model name for the mobile home.
RATING / UNDERWRITING	ID Number	Enter identifier: The serial number for this mobile home.
RATING / UNDERWRITING	Length	Enter number: The length of the mobile home expressed in feet.
RATING / UNDERWRITING	Width	Enter number: The width of the mobile home expressed in feet.
RATING / UNDERWRITING	Purchase Date	Enter date: The date the residence was purchased (MM/DD/YYYY).
RATING / UNDERWRITING	Purchase Price	Enter amount: The purchase price of the residence.
RATING / UNDERWRITING	New	Check the box (if applicable): Indicates the mobile home was purchased new.
RATING / UNDERWRITING	Used	Check the box (if applicable): Indicates the mobile home was purchased used.
RATING / UNDERWRITING	Market Value	Enter amount: The current market value for which the residence could be sold.
RATING / UNDERWRITING	Replacement Cost	Enter amount: The estimated total dollar amount required to rebuild the residence without depreciation.
RATING / UNDERWRITING	# Bedrooms	Enter number: The number of bedrooms in the mobile home.
RATING / UNDERWRITING	Consecutive Months Occupied Each Year	Enter number: The number of consecutive months the mobile home is occupied each year.
RATING / UNDERWRITING	# Weeks Rented	Enter number: The number of weeks the unit on the residence premises is or will be rented to others.
RATING / UNDERWRITING	Distance to Fire Hydrant	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
RATING / UNDERWRITING	Fire Station	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
RATING / UNDERWRITING	Fire District Name	Enter text: The property's fire district name.
RATING / UNDERWRITING	Fire District Code	Enter code: The property's fire district code number which can be found in the individual states manual pages.

RATING / UNDERWRITING	Fire Extinguisher Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the residence is equipped with fire extinguisher(s).
RATING / UNDERWRITING	# Fire Divisions	Enter number: The number of fire divisions in the building.
RATING / UNDERWRITING	# Units Fire Div	Enter number: The number of units within a fire division.
RATING / UNDERWRITING	Prot Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
RATING / UNDERWRITING	Fire Prem Group	Enter identifier: The fire premium group used to determine the applicable rate based upon the dwelling's location, construction, and fire protection code.
RATING / UNDERWRITING	EC Prem Group	Enter identifier: The premium group for extended coverage.
RATING / UNDERWRITING	Territory	Enter code: The industry or company specific code that identifies the rating territory for this item. The source of this code is individual insurer, Insurance Services Office or State Insurance Department manuals.
RATING / UNDERWRITING	Pers Liab Terr	Enter code: The personal liability territory code unique to owners, landlords and tenants needed for liability coverage.
RATING / UNDERWRITING	Cooking Location End	Check the box (if applicable): Indicates the mobile home has a cooking location at the end of the residence.
RATING / UNDERWRITING	Middle	Check the box (if applicable): Indicates the mobile home has a cooking location in the middle of the residence.
RATING / UNDERWRITING	None	Check the box (if applicable): Indicates the mobile home has no cooking location.
RATING / UNDERWRITING	Tie Down Full	Check the box (if applicable): Indicates the mobile home tie downs are full.
RATING / UNDERWRITING	Chassis Only	Check the box (if applicable): Indicates the mobile home tie downs are chassis only.
RATING / UNDERWRITING	Overtop Only	Check the box (if applicable): Indicates the mobile home tie downs are overtop only.
RATING / UNDERWRITING	None	Check the box (if applicable): Indicates the mobile home has no tie downs.
RATING / UNDERWRITING	Exterior Construction Steel	Check the box (if applicable): Indicates the construction of the structure is steel.
RATING / UNDERWRITING	Vinyl	Check the box (if applicable): Indicates the siding on the structure is vinyl or plastic.
RATING / UNDERWRITING	Aluminum	Check the box (if applicable): Indicates the siding on the structure is aluminum.
RATING / UNDERWRITING	Wood	Check the box (if applicable): Indicates the siding on the structure is cedar or wood shingle.
RATING / UNDERWRITING	Other Exterior Construction	Check the box (if applicable): Indicates the siding on the structure is other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The type of siding on the structure.
RATING / UNDERWRITING	Owner	Check the box (if applicable): Indicates the residence is occupied by the owner.

RATING / UNDERWRITING	Tenant	Check the box (if applicable): Indicates the residence is occupied by tenants.
RATING / UNDERWRITING	Unocc	Check the box (if applicable): Indicates the residence is unoccupied.
RATING / UNDERWRITING	Vacant	Check the box (if applicable): Indicates the residence is vacant.
RATING / UNDERWRITING	Primary	Check the box (if applicable): Indicates that this is the primary residence.
RATING / UNDERWRITING	Secondary	Check the box (if applicable): Indicates that this is a secondary residence.
RATING / UNDERWRITING	Seasonal	Check the box (if applicable): Indicates that this is a seasonal residence.
RATING / UNDERWRITING	Other Use	Check the box (if applicable): Indicates the usage of the residence is other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The description of the usage of the residence.
RATING / UNDERWRITING	In City Limits	Check the box (if applicable): Indicates the residence is within the city limits.
RATING / UNDERWRITING	In Fire District	Check the box (if applicable): Indicates the residence is within a fire district.
RATING / UNDERWRITING	In Prot Suburb	Check the box (if applicable): Indicates the residence is within a protected suburb.
RATING / UNDERWRITING	Other Dwelling Location	Check the box (if applicable): Indicates the residence is other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The description of the residence location.
RATING / UNDERWRITING	Electric	Check the box (if applicable): Indicates the mobile home has a permanent connection to electricity.
RATING / UNDERWRITING	Water	Check the box (if applicable): Indicates the mobile home has a permanent connection to water.
RATING / UNDERWRITING	Sewer	Check the box (if applicable): Indicates the mobile home has a permanent connection to the sewer.
RATING / UNDERWRITING	Phone	Check the box (if applicable): Indicates the mobile home has a permanent connection to the phone service.
RATING / UNDERWRITING	Skirted? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the mobile home is skirted.
RATING / UNDERWRITING	Housekeeping Condition Excellent	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is excellent.
RATING / UNDERWRITING	Housekeeping Condition Good	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is good.
RATING / UNDERWRITING	Housekeeping Condition Average	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is average.
RATING / UNDERWRITING	Housekeeping Condition Below Average	Check the box (if applicable): Indicates the evaluation of the interior upkeep of the residence is below average.
RATING / UNDERWRITING	Continuous Masonry	Check the box (if applicable): Indicates the foundation is continuous masonry.

RATING / UNDERWRITING	Post & Pier	Check the box (if applicable): Indicates the foundation is post and pier.
RATING / UNDERWRITING	Other Foundation Construction	Check the box (if applicable): Indicates the foundation is other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The foundation of the mobile home.
RATING / UNDERWRITING	Copper	Check the box (if applicable): Indicates the residence has copper wiring.
RATING / UNDERWRITING	Aluminum	Check the box (if applicable): Indicates the residence has aluminum wiring.
RATING / UNDERWRITING	Other Wiring	Check the box (if applicable): Indicates the residence has wiring other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The description of the other wiring.
RATING / UNDERWRITING	Last Inspected Date	Enter date: The date the wiring was last inspected.
RATING / UNDERWRITING	Circuit Breakers	Check the box (if applicable): Indicates the electrical panel uses circuit breakers.
RATING / UNDERWRITING	Fuses	Check the box (if applicable): Indicates the electrical panel uses fuses.
RATING / UNDERWRITING	Number of Amps	Enter number: The electrical capacity of the wiring in amperes (amps).
RATING / UNDERWRITING	Central Smoke	Check the box (if applicable): Indicates the smoke alarm notifies an outside service that in turn reports to the appropriate police or fire station.
RATING / UNDERWRITING	Central Temp	Check the box (if applicable): Indicates the temperature alarm reports to an outside service that in turn reports to the appropriate police or fire station.
RATING / UNDERWRITING	Central Burg	Check the box (if applicable): Indicates the burglar alarm rings at an alarm company.
RATING / UNDERWRITING	Direct Smoke	Check the box (if applicable): Indicates the smoke alarm reports directly to the appropriate fire station.
RATING / UNDERWRITING	Direct Temp	Check the box (if applicable): Indicates the temperature alarm reports directly to the appropriate fire station.
RATING / UNDERWRITING	Direct Bug	Check the box (if applicable): Indicates the burglar alarm reports directly to the appropriate police station.
RATING / UNDERWRITING	Local Smoke	Check the box (if applicable): Indicates that the smoke alarm sounds or appears on the premises.
RATING / UNDERWRITING	Local Temp	Check the box (if applicable): Indicates the temperature alarm sounds or appears on the premises.
RATING / UNDERWRITING	Local Burg	Check the box (if applicable): Indicates the burglar alarm sounds or appears outside the premises.
RATING / UNDERWRITING	Roof Condition Excellent	Check the box (if applicable): Indicates the condition of the roof is excellent.
RATING / UNDERWRITING	Roof Condition Good	Check the box (if applicable): Indicates the condition of the roof is good.

RATING / UNDERWRITING	Roof Condition Average	Check the box (if applicable): Indicates the condition of the roof is average.
RATING / UNDERWRITING	Roof Condition Below Average	Check the box (if applicable): Indicates the condition of the roof is below average.
RATING / UNDERWRITING	Roof Material	Enter code: The material used to construct the roof. Examples include: * Composition (fiberglass, asphalt, etc.) * Metal * Poured * Slate * Tile * Wood Shake (Please note this list is not all inclusive)
RATING / UNDERWRITING	Storm Shutters A	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind and debris.
RATING / UNDERWRITING	Storm Shutters B	Check the box (if applicable): Indicates the wind storm shutters are a class that provides protection from wind only.
RATING / UNDERWRITING	Other Storm Shutters	Check the box (if applicable): Indicates the wind storm shutters are a class other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The description of the wind storm shutter class.
RATING / UNDERWRITING	Hurricane Resistive Glass	Check the box (if applicable): Indicates the glass is resistive to hurricanes.
RATING / UNDERWRITING	Resistive	Check the box (if applicable): Indicates the wind class is resistive.
RATING / UNDERWRITING	Semi-Resistive	Check the box (if applicable): Indicates the wind class is semi-resistive.
RATING / UNDERWRITING	Other Wind Class	Check the box (if applicable): Indicates the wind class is other than those listed.
RATING / UNDERWRITING	Describe Other	Enter text: The description of the other wind class.
RATING / UNDERWRITING	Distance to Tidal Water	Enter number: The distance to the nearest tidal water.
RATING / UNDERWRITING	Distance to Tidal Water Miles	Check the box (if applicable): Indicates the distance to tidal water entered is in miles.
RATING / UNDERWRITING	Distance to Tidal Water Feet	Check the box (if applicable): Indicates the distance to tidal water entered is in feet.
RATING / UNDERWRITING	Swimming Pool None	Check the box (if applicable): Indicates there is no swimming pool on the premises.
RATING / UNDERWRITING	Above Ground	Check the box (if applicable): Indicates the swimming pool is above ground.
RATING / UNDERWRITING	In Ground	Check the box (if applicable): Indicates the swimming pool is in the ground.
RATING / UNDERWRITING	Approved Fence	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.

RATING / UNDERWRITING	Other Swimming Pool	Check the box (if applicable): Indicates there is additional information to describe the pool.
RATING / UNDERWRITING	Describe Other	Enter text: The additional information to describe the swimming pool.
RATING / UNDERWRITING	Diving Board	Check the box (if applicable): Indicates the swimming pool has a diving board.
RATING / UNDERWRITING	Slide	Check the box (if applicable): Indicates the swimming pool has a slide.
RATING / UNDERWRITING	Fuel Tank Storage Location None	Check the box (if applicable): Indicates there is no fuel storage tank on the premises.
RATING / UNDERWRITING	Indoors Above Ground Masonry Floor	Check the box (if applicable): Indicates the fuel storage tank is located indoors, above ground on a masonry floor.
RATING / UNDERWRITING	Indoors Above Ground No Masonry Floor	Check the box (if applicable): Indicates the fuel storage tank is located indoors, above ground not on a masonry floor.
RATING / UNDERWRITING	Outdoors Above Ground	Check the box (if applicable): Indicates the fuel storage tank is outdoors and above ground.
RATING / UNDERWRITING	Outdoors Below Ground	Check the box (if applicable): Indicates the fuel storage tank is outdoors and below ground.
RATING / UNDERWRITING	Fuel Line Location Under Ground	Check the box (if applicable): Indicates the fuel line is underground.
RATING / UNDERWRITING	Fuel Line Location through Foundation	Check the box (if applicable): Indicates the fuel line goes through the foundation.
RATING / UNDERWRITING	Wiring Part	Check the box (if applicable): Indicates if partial wiring improvements have been made since the original construction.
RATING / UNDERWRITING	Wiring Comp	Check the box (if applicable): Indicates if complete wiring improvements have been made since the original construction.
RATING / UNDERWRITING	Wiring Year	Enter year: The year the wiring improvements took place.
RATING / UNDERWRITING	Plumbing Part	Check the box (if applicable): Indicates if partial plumbing improvements have been made since the original construction.
RATING / UNDERWRITING	Plumbing Comp	Check the box (if applicable): Indicates if complete plumbing improvements have been made since the original construction.
RATING / UNDERWRITING	Plumbing Year	Enter year: The year the plumbing improvements took place.
RATING / UNDERWRITING	Heating Part	Check the box (if applicable): Indicates if partial heating improvements have been made since the original construction.
RATING / UNDERWRITING	Heating Comp	Check the box (if applicable): Indicates if complete heating improvements have been made since the original construction.
RATING / UNDERWRITING	Heating Year	Enter year: The year the heating improvements took place.

RATING / UNDERWRITING	Roofing Part	Check the box (if applicable): Indicates if partial roofing improvements have been made since the original construction.
RATING / UNDERWRITING	Roofing Comp	Check the box (if applicable): Indicates if complete roofing improvements have been made since the original construction.
RATING / UNDERWRITING	Roofing Year	Enter year: The year the roofing improvements took place.
RATING / UNDERWRITING	Exterior Paint Year	Enter year: The year the exterior of the structure was last painted.
RATING / UNDERWRITING	Fireplaces - Chimneys	Enter number: The total number of outside and inside chimneys in the residence.
RATING / UNDERWRITING	Hearths	Enter number: The total number of hearths in the residence.
RATING / UNDERWRITING	Pre-Fab	Enter number: The total number of prefabricated fireplaces in the residence.
RATING / UNDERWRITING	Wood Stove Insert	Enter number: The total number of wood stove inserts in the residence.
RATING / UNDERWRITING	Non-Smoker	Check the box (if applicable): Indicates that a non-smoking rating credit may apply to the location.
RATING / UNDERWRITING	Manned Security	Check the box (if applicable): Indicates that a manned security rating credit may apply to the location.
RATING / UNDERWRITING	Lightning Protection	Check the box (if applicable): Indicates that a lightning protection rating credit may apply to the location.
RATING / UNDERWRITING	Off Premise Theft Excl	Check the box (if applicable): Indicates that an off premises theft exclusion rating credit may apply to the location.
RATING / UNDERWRITING	Other Rating Credits	Check the box (if applicable): Indicates that other rating credits may apply to the location.
RATING / UNDERWRITING	Describe Other	Enter text: The description of the other rating credits that may apply.
RATING / UNDERWRITING	Other Rating Credits	Check the box (if applicable): Indicates that other rating credits may apply to the location.
RATING / UNDERWRITING	Describe Other	Enter text: The description of the other rating credits that may apply.
RATING / UNDERWRITING	Primary Heat	Enter text: The primary type of fuel/power used for heating.
RATING / UNDERWRITING	Primary Heat None	Check the box (if applicable): Indicates the residence has no primary heat source.
RATING / UNDERWRITING	Secondary Heat	Enter text: The secondary type of fuel/power used for heating.
RATING / UNDERWRITING	Secondary Heat None	Check the box (if applicable): Indicates the residence has no secondary heat source.
RATING / UNDERWRITING	Date Heating System Last Serviced	Enter date: The date (MM/DD/YYYY) the heating system was last serviced.
OTHER STRUCTURES	Description	Enter text: The description of any other structure(s) to be covered in Coverage B - Other Structures.

GENERAL INFORMATION	Any other insurance with this company? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any other insurance with this company?".
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
GENERAL INFORMATION	Has any coverage been declined, cancelled or non-renewed during the last three (3) years? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any coverage declined, cancelled or non-renewed during the mandated number of years (Missouri Applicants - Do not answer this question)?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of any coverage declined within the last 3 years.
GENERAL INFORMATION	Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past specified number of years?". The term "applicant" applies to all named applicants.
GENERAL INFORMATION	Explanation	Enter text: An explanation of any foreclosures or bankruptcies.
GENERAL INFORMATION	Has applicant had a judgement or lien during the past five (5) years? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has applicant had a judgement or lien during the past specified number of years?". The term "applicant" applies to all named applicants.
GENERAL INFORMATION	Explanation	Enter text: An explanation of any judgment or liens within the last 5 years
GENERAL INFORMATION	Any other residence, not listed on any application, owned, occupied or rented? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any other residence, not listed on any application, owned, occupied or rented?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of any other residence owned or occupied.
GENERAL INFORMATION	Has insurance been transferred within agency? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has insurance been transferred within agency?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of insurance transferred within the agency.

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
GENERAL INFORMATION (continued)	During the last five (5) years [ten (10) years in Rhode Island], has any applicant been indicted for or convicted of any degree of he crime of fraud, arson or any other arson-related crime in connection with this or any other property? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "During the last five (5) years [ten (10) years in Rhode Island], has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any other property? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)".
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation of applicant convicted of fraud, bribery or arson.
GENERAL INFORMATION - RESIDENTIAL	Any business conducted on premises? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any business conducted on premises?".
GENERAL INFORMATION - RESIDENTIAL	Farming	Check the box (if applicable): Indicates farming is done on the premises.
GENERAL INFORMATION - RESIDENTIAL	Telecommuter	Check the box (if applicable): Indicates an individual telecommutes from the premises.
GENERAL INFORMATION - RESIDENTIAL	Day Care	Check the box (if applicable): Indicates a day care is run from the premises.
GENERAL INFORMATION - RESIDENTIAL	# of Children	Enter number: The number of children attending the day care.
GENERAL INFORMATION - RESIDENTIAL	Home Office / Business	Check the box (if applicable): Indicates a home office or business is on the premises.
GENERAL INFORMATION - RESIDENTIAL	Other Business Conducted on Property	Check the box (if applicable): Indicates business is conducted on the premises other than those listed.
GENERAL INFORMATION - RESIDENTIAL	Describe Other	Enter text: The description of the business conducted on the premises.
GENERAL INFORMATION - RESIDENTIAL	Any flooding, brush, forest fire or landslide hazard? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any flooding, brush, forest fire or landslide hazard?".

GENERAL INFORMATION - RESIDENTIAL	Explanation	Enter text: An explanation of any flooding, brush, forest fire or landslide hazard.
GENERAL INFORMATION - RESIDENTIAL	Are there any animals or exotic pets kept on premises? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Are there any animals or exotic pets on the premises?".
GENERAL INFORMATION - RESIDENTIAL	Animal Type	Enter code: The type of animal (e.g., cat, dog, horse, etc.)
GENERAL INFORMATION - RESIDENTIAL	Breed	Enter code: The breed of the animal (e.g., Doberman, German Shepherd, etc.)
GENERAL INFORMATION - RESIDENTIAL	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 - RESIDENTIAL	Animal Type	Enter code: The type of animal (e.g., cat, dog, horse, etc.)
GENERAL INFORMATION - RESIDENTIAL	Breed	Enter code: The breed of the animal (e.g., Doberman, German Shepherd, etc.)
GENERAL INFORMATION - RESIDENTIAL	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 - RESIDENTIAL	Is property situated on more than one acre? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is property situated on more than 1 acre?".
GENERAL INFORMATION - RESIDENTIAL	# of Acres	Enter number: The total area of the land in acres.
GENERAL INFORMATION - RESIDENTIAL	Land used for	Enter text: The description of what the land is used for.
GENERAL INFORMATION - RESIDENTIAL	Any uncorrected fire or building code violations? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any uncorrected fire or building code violations?".
GENERAL INFORMATION - RESIDENTIAL	Explanation	Enter text: An explanation of or any uncorrected fire or building code violations.
GENERAL INFORMATION - RESIDENTIAL	Is the mobile home for sale? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the dwelling/mobile home for sale?".
GENERAL INFORMATION - RESIDENTIAL	Is property within 300 feet of a commercial or non-residential property? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the property within 300 feet of a commercial or non-residential property?".

GENERAL INFORMATION - RESIDENTIAL	Explanation	Enter text: An explanation if property is within 300 ft. of a commercial or non-residential property.
GENERAL INFORMATION - RESIDENTIAL	Is there a trampoline on the premises? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there a trampoline on the premises?".
GENERAL INFORMATION - RESIDENTIAL	If "yes", is there a 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 - RESIDENTIAL	Any lead paint? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any lead paint?".
GENERAL INFORMATION - RESIDENTIAL	Explanation	Enter text: An explanation of any lead paint on the premises.
GENERAL INFORMATION - RESIDENTIAL	If a fuel tank is on premises, has other insurance been obtained for the tank? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "If a fuel tank is on premises, has other insurance been obtained for the tank?".
GENERAL INFORMATION - RESIDENTIAL	Insurance Company	Enter text: The insurer name on any other applicable insurance.
GENERAL INFORMATION - RESIDENTIAL	Limit	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GENERAL INFORMATION - RESIDENTIAL	Cleanup / Sublimit	Enter limit: The other policy, coverage sub limit amount.
GENERAL INFORMATION - RESIDENTIAL	Is the residence in a gated community? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is the residence in a gated community?".
GENERAL INFORMATION - RESIDENTIAL	Name of Community	Enter text: The name of the gated community.
GENERAL INFORMATION - RESIDENTIAL	If building is under construction, is the applicant the general contractor? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "If building is under construction, is the applicant the general contractor?".
GENERAL INFORMATION - RESIDENTIAL	Start Date	Enter date: The date construction began.
GENERAL INFORMATION - RESIDENTIAL	Comp Date	Enter date: The estimated completion date for this construction project.
GENERAL INFORMATION - RESIDENTIAL	Int %	Enter percentage: The percentage of construction taking place in the interior of the structure.

GENERAL INFORMATION - RESIDENTIAL	Ext %	Enter percentage: The percentage of construction taking place in the exterior of the structure.
GENERAL INFORMATION - RESIDENTIAL	Addition Sq Ft	Enter number: The total area of the addition under construction in square feet.
GENERAL INFORMATION - RESIDENTIAL	Add Level Sq Ft	Enter number: The total area of the additional level under construction in square feet.
GENERAL INFORMATION - RESIDENTIAL	Struc Changes? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there will be structural changes as part of the construction.
GENERAL INFORMATION - RESIDENTIAL	Materials Unattached Incl	Check the box (if applicable); Indicates materials that are not attached to the structure are included.
GENERAL INFORMATION - RESIDENTIAL	Materials Unattached Excl	Check the box (if applicable); Indicates materials that are not attached to the structure are excluded.
GENERAL INFORMATION - RESIDENTIAL	Occ During Ren? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the structure will be occupied during construction and renovation.
GENERAL INFORMATION - RESIDENTIAL	Cost of Project	Enter amount: The total cost of construction of the structure
GENERAL INFORMATION - RESIDENTIAL	Is there an approved carbon monoxide alarm in operating condition within the mandated number of feet of every room used for sleeping purposes? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Is there an approved carbon monoxide alarm in operating condition within the mandated number of feet of every room used for sleeping purposes?".
GENERAL INFORMATION - RESIDENTIAL	Is the named insured the owner of the property? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the named insured the owner of the property?".
GENERAL INFORMATION - RESIDENTIAL	Owners Name	Enter text: The additional interest's full name.
GENERAL INFORMATION - RESIDENTIAL	If the home is located in a mobile home park does mobile home park have a resident manager? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Does the mobile home park have a resident manager?".
GENERAL INFORMATION - RESIDENTIAL	Manager's Name	Enter text: Provide the full name of the manger. A "No" response does not require an explanation.
GENERAL INFORMATION - RESIDENTIAL	Phone	Enter number: The phone number of the manager of the structure.

GENERAL INFORMATION - RESIDENTIAL	Does mobile home park have limited access? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Does the mobile home park have limited access?".
GENERAL INFORMATION - RESIDENTIAL	Does mobile home park have subdivisions? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Does the mobile home park have subdivisions?".
GENERAL INFORMATION - RESIDENTIAL	Are roads unpaved in the mobile home park? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Are any roads unpaved in the mobile home park?".
GENERAL INFORMATION - RESIDENTIAL	If home is not located in a mobile home park, is home visible from road? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "If home is not located in a mobile home park, is home visible from road?".
LOSS HISTORY	__ Years	Enter number: The number of years of loss information required by the insurer.
LOSS HISTORY	Any losses (except for applications for auto insurance), whether or not paid by insurance, during the last __ years, at this or at any other location? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there have been any losses at any location, whether paid or not paid by insurance, in the last mandated number of years.
LOSS HISTORY	Applicant's Initials	Initial here: The named insured's initials.
LOSS HISTORY	Line of Business	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered by (A)gent (C)ompany	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In Dispute? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
LOSS HISTORY	Line of Business	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)

LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered by (A)gent (C)ompany	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In Dispute? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
LOSS HISTORY	Line of Business	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered by (A)gent (C)ompany	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In Dispute? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
PRIOR COVERAGE	No Prior Coverage	Check the box (if applicable): Indicates there was no prior coverage.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Per Person Amount	Enter amount: The bodily injury per person limit on the prior policy (if applicable).
PRIOR COVERAGE	Per Accident Amount	Enter amount: The bodily injury per accident limit or combined single limit on the prior policy (if applicable).
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.

PRIOR COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Per Person Amount	Enter amount: The bodily injury per person limit on the prior policy (if applicable).
PRIOR COVERAGE	Per Accident Amount	Enter amount: The bodily injury per accident limit or combined single limit on the prior policy (if applicable).

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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).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
PAYMENT PLAN	Billing 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.
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 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 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 Billing	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.
PAYMENT PLAN	Describe Other	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
PAYMENT PLAN	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-Authorized Draft / Check (PAC)	Check the box (if applicable): Indicates the invoice will be paid by a pre-authorized check or draft.
PAYMENT PLAN	Other Payment Method	Check the box (if applicable): Indicates the invoice will be paid by a means other than those listed.
PAYMENT PLAN	Describe Other	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 Mail Policy To	Check the box (if applicable): Indicates if the policy paper should be mailed to other than the agent or applicant.
PAYMENT PLAN	Describe Other	Enter text: The description to whom the policy paper should be mailed.
PAYMENT PLAN	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 Payor	Check the box (if applicable): Indicates the payor of the policy is other than those listed.
PAYMENT PLAN	Describe Other	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.
ADDITIONAL INTEREST	Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	Lender's Loss Payable One	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	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Trustee	Check the box (if applicable): Indicates the additional interest type is a trustee.
ADDITIONAL INTEREST	Other Interest	Check the box (if applicable): Indicates the additional interest is other than those listed.

ADDITIONAL INTEREST	Describe Other	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Certificate	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST	Send Bill	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
ADDITIONAL INTEREST	Name and Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST	Address Line 1	Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST	Address Line 2	Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST	City	Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST	State	Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST	Zip	Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Country	Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Reference / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Location	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Boat	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Item Class	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
REMARKS / ATTACHMENTS	Flood Exclusion Notice	Check the box (if applicable): Indicates a flood exclusion notice is attached.
REMARKS / ATTACHMENTS	Lead Free Paint Certification	Check the box (if applicable): Indicates a lead free paint certification is attached.
REMARKS / ATTACHMENTS	Photograph	Check the box (if applicable): Indicates a photograph is attached.
REMARKS / ATTACHMENTS	Protection Device Certificate	Check the box (if applicable): Indicates a protection device certificate is attached.
REMARKS / ATTACHMENTS	Recreational Vehicle App	Check the box (if applicable): Indicates a recreational vehicle application is attached.
REMARKS / ATTACHMENTS	Replacement Cost Estimate	Check the box (if applicable): Indicates a replacement cost estimate is attached.

REMARKS / ATTACHMENTS	Residence Based Business Supp	Check the box (if applicable): Indicates a residence based business supplement is attached.
REMARKS / ATTACHMENTS	Solid Fuel Supplement	Check the box (if applicable): Indicates a solid fuel supplement is attached.
REMARKS / ATTACHMENTS	State Supplement(s)	Check the box (if applicable): Indicates a state supplement form is attached (if applicable).
REMARKS / ATTACHMENTS	Windstorm Loss Mitigation	Check the box (if applicable): Indicates a windstorm loss mitigation form is attached.
REMARKS / ATTACHMENTS	Other Attachments	Check the box (if applicable): Indicates there is an attachment other than those listed.
REMARKS / ATTACHMENTS	Describe Other	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Other Attachments	Check the box (if applicable): Indicates there is an attachment other than those listed.
REMARKS / ATTACHMENTS	Describe Other	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Remarks	Enter text: The general remarks to provide additional information for any questions answered with a "Yes" response.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Is mobile home tied down? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is mobile home tied down? If yes, answer questions 2 through 13).".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Is mobile home equipped with factory installed "under the skin" tie down strapping? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is mobile home equipped with factory installed "under the skin" tie down strapping?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	1 1/4 steel strap	Check the box (if applicable): Indicates the type of straps used to tie down the mobile home are 1 1/4 steel strap.
CERTIFICATION OF MOBILE HOME TIE DOWNS	1 1/2 steel strap	Check the box (if applicable): Indicates the type of straps used to tie down the mobile home are 1 1/2 steel strap.
CERTIFICATION OF MOBILE HOME TIE DOWNS	1/4 steel cable	Check the box (if applicable): Indicates the type of cable used to tie down the mobile home are 1/4 steel cable.
CERTIFICATION OF MOBILE HOME TIE DOWNS	1/2 steel cable	Check the box (if applicable): Indicates the type of cable used to tie down the mobile home are 1/2 steel cable.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Other type of straps or cables used	Check the box (if applicable): Indicates the type of straps or cable used to tie down the mobile home is other than those listed.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Describe Other	Enter text: The description of the type of straps or cable used to tie down the mobile home.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Is all strapping used in tie downs galvanized? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is all strapping used in tie down galvanized?".

CERTIFICATION OF MOBILE HOME TIE DOWNS	Is all strapping used in tie downs without perforations? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Is all strapping used in tie downs without perforations?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	If cable used, are loose ends firmly clamped and secure? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "If cable used, are loose ends firmly clamped and secure?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Are over the roof tie downs visible? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Are over the roof tie downs visible?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Are corner blocks of wood or metal used under strapping cable to prevent sharp bends? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "If over the roof tie down are visible, are corner blocks of wood or metal used under strapping cable to prevent sharp bends?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Dead Men	Check the box (if applicable): Indicates the type of anchors used for the tie downs are dead men.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Screw Auger	Check the box (if applicable): Indicates the type of anchors used for the tie downs are screw auger.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Other Tie Down Anchors	Check the box (if applicable): Indicates the type of anchors used for the tie downs are other than those listed.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Describe Other Tie Down Anchors	Enter text: A description of the type of anchors used for mobile home tie downs.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Are turnbuckles used in tie downs? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Are turnbuckles used in tie downs?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Are they forged steel? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "If turnbuckles are used, are they forged steel?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Are turnbuckles ending with jaws properly secured? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Are turnbuckles ending with jaws properly secured?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Do turnbuckles end with open hook? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Do turnbuckles end with open hook?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Are they closed with twine or wire? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "If turnbuckles end with open hook, are they closed with twine or wire?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Are there any additions to the mobile home (including carport, added rooms, etc)? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, " Are there any additions to mobile home (including carport, added rooms, etc)?".

CERTIFICATION OF MOBILE HOME TIE DOWNS	Are all additions to the mobile home tied down? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are all additions to mobile home (including carport, added rooms, etc.) tied down?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	Is mobile home properly blocked? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is mobile home properly blocked?".
CERTIFICATION OF MOBILE HOME TIE DOWNS	If "NO", explain	Enter text: An explanation as to why the mobile home is not properly blocked.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Number of straps or cables	Enter number: The number of properly secured straps or cables that are over the roof.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Number or properly secured frame tie downs on right	Enter number: The number of properly secured frame tie downs on the right side when you are facing either end of the mobile home.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Number or properly secured frame tie downs on left	Enter number: The number of properly secured frame tie downs on the left side when you are facing either end of the mobile home.
CERTIFICATION OF MOBILE HOME TIE DOWNS	Explanation of Items Not Adequately Described Above	Enter text: An explanation of tie down requirements not previously explained.
SIGNATURE	Signature of Owner/Applicant	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)

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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).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
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 Not Bound	Check the box (if applicable): Indicates the coverage has not been bound.

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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).
IDENTIFICATION SECTION	Loc #	Enter number: The producer assigned number of the location.
NOTICE OF INFORMATION PRACTICES	Applicant's Initials	Initial here: The named insured's initials.
NOTICE OF INFORMATION PRACTICES	Copy of Notice of Information Practices	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language.
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	Enter identifier: The State License Number of the producer.
FRAUD STATEMENTS / SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
FRAUD STATEMENTS / SIGNATURE	Date	Enter date: The date the form was signed by the applicant or 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.