

## ACORD 88 (2015/12) - Personal Insurance Application

ACORD 88, Personal Insurance Application, Applicant Information Section, is used in the underwriting process for any personal lines policy submission using the personal lines section formats (e.g., ACORD 282, ACORD 290s).

The Applicant Information Section is the foundation on which the ACORD personal lines application program is built. This form contains information that is not duplicated on other ACORD personal application section forms. The Applicant Information Section is a required part of every personal lines submission using the sectional approach and no personal line application is complete without it.

### Form Page 1

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

<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>IDENTIFICATION SECTION</b>	<b>Named Insured(s)</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Policy #</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>IDENTIFICATION SECTION</b>	<b>Plan</b>	Enter code: The product code assigned by the insurer for the policy.
<b>IDENTIFICATION SECTION</b>	<b>Facility Code</b>	Enter identifier: The identification code used by assigned risk plans, FAIR plans and other associations (only applicable in a few states). When using this field, also enter the name of the facility in the carrier or plan field.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
<b>STATUS OF TRANSACTION</b>	<b>New</b>	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
<b>STATUS OF TRANSACTION</b>	<b>Renew</b>	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
<b>STATUS OF TRANSACTION</b>	<b>Policy Change</b>	Check the box (if applicable): Indicates the policy is being submitted for a policy change.
<b>STATUS OF TRANSACTION</b>	<b>Other</b>	Check the box (if applicable): Indicates the response expected from the company is a policy other than those listed.
<b>STATUS OF TRANSACTION</b>	<b>Other Description</b>	Enter text: The description of the policy status (e.g. Reissue, Rewrite, etc.).
<b>STATUS OF TRANSACTION</b>	<b>Policy Change Effective Date</b>	Enter date: The date the policy status becomes effective. This date is used for policy statuses of bound, change, and cancel. (MM/DD/YYYY)
<b>STATUS OF TRANSACTION</b>	<b>Time</b>	Enter time: The time the policy status becomes effective. The time is used for policy statuses of bound, change, and cancel.
<b>STATUS OF TRANSACTION</b>	<b>AM</b>	Check the box (if applicable): Indicates the effective time of the policy status is before 12:00 pm.
<b>STATUS OF TRANSACTION</b>	<b>PM</b>	Check the box (if applicable): Indicates the effective time of the policy status is 12:00 pm or later.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Personal Automobile</b>	Check the box (if applicable): Indicates the Personal Automobile (ACORD 290) section is attached to this application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Residential</b>	Check the box (if applicable): Indicates ACORD 89, Residential Section, is attached to this application. ACORD 89 must be used in conjunction with ACORD 88, Personal Insurance Application, Applicant Information Section.

<b>INDICATE SECTIONS ATTACHED</b>	<b>Personal Umbrella</b>	Check the box (if applicable): Indicates the Personal Umbrella (ACORD 283) section is attached to this application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Personal Inland Marine</b>	Check the box (if applicable): Indicates the Personal Inland Marine (ACORD 281) section is attached to this application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Watercraft</b>	Check the box (if applicable): Indicates the Watercraft (ACORD 282) section is attached to this application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Other</b>	Check the box (if applicable): Indicates that a section other than those listed is attached to the application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Other Description</b>	Enter text: The type of section being attached to the application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Other</b>	Check the box (if applicable): Indicates that a section other than those listed is attached to the application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Other Description</b>	Enter text: The type of section being attached to the application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Other</b>	Check the box (if applicable): Indicates that a section other than those listed is attached to the application.
<b>INDICATE SECTIONS ATTACHED</b>	<b>Other Description</b>	Enter text: The type of section being attached to the application.
<b>APPLICANT INFORMATION</b>	<b>Applicant's Name (First, Middle, Last)</b>	Enter text: The named insured's given name.
<b>APPLICANT INFORMATION</b>		Enter text: The named insured's other given name initial.
<b>APPLICANT INFORMATION</b>		Enter text: The named insured's surname.
<b>APPLICANT INFORMATION</b>	<b>Date of Birth</b>	Enter date: The date of birth of the insured. (MM/DD/YYYY)
<b>APPLICANT INFORMATION</b>	<b>Social Security #</b>	Enter identifier: The tax identifier of the named insured.

<b>APPLICANT INFORMATION</b>	<b>Marital Status / Civil Union</b>	<p>Enter code: The insured's marital status. The applicable codes are:</p> <ul style="list-style-type: none"> <li>* S Single</li> <li>* M Married</li> <li>* D Divorced</li> <li>* F Fiancé or Fiancée</li> <li>* P Separated</li> <li>* W Widowed</li> <li>* C Domestic Partner (unmarried)</li> <li>* V Civil Union / Registered Domestic Partner</li> <li>* U Unknown</li> <li>* O Other</li> </ul> <p>As used here, this field may not be utilized for policyholders applying for residential property insurance in CA.</p>
<b>APPLICANT INFORMATION</b>	<b>Applicant's Mailing Address</b>	Enter text: The named insured's mailing address line one.
<b>APPLICANT INFORMATION</b>	<b>Address 2</b>	Enter text: The named insured's mailing address line two.
<b>APPLICANT INFORMATION</b>	<b>City</b>	Enter text: The named insured's mailing address city name.
<b>APPLICANT INFORMATION</b>	<b>State</b>	Enter code: The named insured's mailing address state or province code.
<b>APPLICANT INFORMATION</b>	<b>Zip</b>	Enter code: The named insured's mailing address postal code.
<b>APPLICANT INFORMATION</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
<b>APPLICANT INFORMATION</b>	<b>Bus</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.
<b>APPLICANT INFORMATION</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
<b>APPLICANT INFORMATION</b>	<b>Primary Phone #</b>	Enter number: The named insured's primary phone number.
<b>APPLICANT INFORMATION</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
<b>APPLICANT INFORMATION</b>	<b>Bus</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
<b>APPLICANT INFORMATION</b>	<b>Cell</b>	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
<b>APPLICANT INFORMATION</b>	<b>Secondary Phone #</b>	Enter number: The named insured's secondary phone number.
<b>APPLICANT INFORMATION</b>	<b>Primary e-mail address</b>	Enter text: The named insured's primary e-mail address.
<b>APPLICANT INFORMATION</b>	<b>Secondary e-mail address</b>	Enter text: The named insured's secondary e-mail address.
<b>APPLICANT INFORMATION</b>	<b>Years At Previous Address</b>	Enter number: The number of years at the previous address.
<b>APPLICANT INFORMATION</b>	<b>Previous Address</b>	Enter text: The first address line of the previous residence address.
<b>APPLICANT INFORMATION</b>	<b>Address Continued</b>	Enter text: The second address line of the previous residence.
<b>APPLICANT INFORMATION</b>	<b>City</b>	Enter text: The city of the previous residence.

<b>APPLICANT INFORMATION</b>	<b>State</b>	Enter code: The state or province code of the previous residence.
<b>APPLICANT INFORMATION</b>	<b>Zip</b>	Enter code: The postal code of the previous residence.
<b>APPLICANT INFORMATION</b>	<b>Check if same as mailing Address</b>	Check the box (if applicable): Indicates the named insured's physical address is the same as the mailing address.
<b>APPLICANT INFORMATION</b>	<b>Owned</b>	Check the box (if applicable): Indicates if the insured owns their current residence.
<b>APPLICANT INFORMATION</b>	<b>Rented</b>	Check the box (if applicable): Indicates if the insured rents their current residence.
<b>APPLICANT INFORMATION</b>	<b>Current Residence</b>	Enter text: The named insured's physical address line one. As used here, this is the current residence.
<b>APPLICANT INFORMATION</b>		Enter text: The named insured's physical address line two. As used here, this is the current residence.
<b>APPLICANT INFORMATION</b>		Enter text: The named insured's physical address city name. As used here, this is the current residence.
<b>APPLICANT INFORMATION</b>		Enter code: The named insured's physical address state or province code. As used here, this is the current residence.
<b>APPLICANT INFORMATION</b>		Enter code: The named insured's physical address postal code. As used here, this is the current residence.
<b>APPLICANT INFORMATION</b>	<b>Date at Current Residence</b>	Enter date: The date insured moved into their current residence. (MM/DD/YYYY)
<b>APPLICANT INFORMATION</b>	<b>Yrs with Current Employer</b>	Enter number: The number of years the named insured has been with their current employer.
<b>APPLICANT INFORMATION</b>	<b>Applicant's Employer Name And Address</b>	Enter text: The employer name (business name if self-employed).
<b>APPLICANT INFORMATION</b>		Enter text: The first address line of the employer's physical address.
<b>APPLICANT INFORMATION</b>		Enter text: The second address line of the employer's physical address.
<b>APPLICANT INFORMATION</b>		Enter text: The city of the employer's physical address.
<b>APPLICANT INFORMATION</b>		Enter code: The state code of the employer's physical address.
<b>APPLICANT INFORMATION</b>		Enter code: The postal code of the employer's physical address.
<b>APPLICANT INFORMATION</b>	<b>Applicant's Occupation (State Nature of Business if Self-Employed)</b>	Enter text: The named insured's primary occupation or business activity.
<b>APPLICANT INFORMATION</b>	<b>Years in Current Occupation</b>	Enter number: The number of years the named insured has been employed in their current occupation.

<b>APPLICANT INFORMATION</b>	<b>Years with Previous Employer</b>	Enter number: The number of years the named insured has been with their previous employer.
<b>APPLICANT INFORMATION</b>	<b>Co-Applicant's Name (First, Middle, Last)</b>	Enter text: The named insured's given name.
<b>APPLICANT INFORMATION</b>		Enter text: The named insured's other given name initial.
<b>APPLICANT INFORMATION</b>		Enter text: The named insured's surname.
<b>APPLICANT INFORMATION</b>	<b>Date of Birth</b>	Enter date: The date of birth of the insured. (MM/DD/YYYY)
<b>APPLICANT INFORMATION</b>	<b>Social Security #</b>	Enter identifier: The tax identifier of the named insured.
<b>APPLICANT INFORMATION</b>	<b>Marital Status / Civil Union</b>	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 As used here, this field may not be utilized for policyholders applying for residential property insurance in CA.
<b>APPLICANT INFORMATION</b>	<b>Check if same as Applicant</b>	Check the box (if applicable): Indicates the co-named insured's mailing address is the same as the named insured's mailing address.
<b>APPLICANT INFORMATION</b>	<b>Co-Applicant's Address</b>	Enter text: The named insured's mailing address line one.
<b>APPLICANT INFORMATION</b>		Enter text: The named insured's mailing address line two.
<b>APPLICANT INFORMATION</b>		Enter text: The named insured's mailing address city name.
<b>APPLICANT INFORMATION</b>		Enter code: The named insured's mailing address state or province code.
<b>APPLICANT INFORMATION</b>		Enter code: The named insured's mailing address postal code.
<b>APPLICANT INFORMATION</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
<b>APPLICANT INFORMATION</b>	<b>Bus</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.
<b>APPLICANT INFORMATION</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
<b>APPLICANT INFORMATION</b>	<b>Primary Phone #</b>	Enter number: The named insured's primary phone number.
<b>APPLICANT INFORMATION</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.

<b>APPLICANT INFORMATION</b>	<b>Bus</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
<b>APPLICANT INFORMATION</b>	<b>Cell</b>	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
<b>APPLICANT INFORMATION</b>	<b>Secondary Phone #</b>	Enter number: The named insured's secondary phone number.
<b>APPLICANT INFORMATION</b>	<b>Primary e-mail address</b>	Enter text: The named insured's primary e-mail address.
<b>APPLICANT INFORMATION</b>	<b>Secondary e-mail address</b>	Enter text: The named insured's secondary e-mail address.
<b>APPLICANT INFORMATION</b>	<b>Yrs with Current Employer</b>	Enter number: The number of years the named insured has been with their current employer.
<b>APPLICANT INFORMATION</b>	<b>Co-Applicant's Employer Name And Address</b>	Enter text: The employer name (business name if self-employed).
<b>APPLICANT INFORMATION</b>		Enter text: The first address line of the employer's physical address.
<b>APPLICANT INFORMATION</b>		Enter text: The second address line of the employer's physical address.
<b>APPLICANT INFORMATION</b>		Enter text: The city of the employer's physical address.
<b>APPLICANT INFORMATION</b>		Enter code: The state code of the employer's physical address.
<b>APPLICANT INFORMATION</b>		Enter code: The postal code of the employer's physical address.
<b>APPLICANT INFORMATION</b>	<b>Co-Applicant's Occupation (State Nature of Business if Self-Employed)</b>	Enter text: The named insured's primary occupation or business activity.
<b>APPLICANT INFORMATION</b>	<b>Years in Current Occupation</b>	Enter number: The number of years the named insured has been employed in their current occupation.
<b>APPLICANT INFORMATION</b>	<b>Years with Previous Employer</b>	Enter number: The number of years the named insured has been with their previous employer.
<b>LOCATION SCHEDULE</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>LOCATION SCHEDULE</b>	<b>Street</b>	Enter text: The first address line of the physical location.
<b>LOCATION SCHEDULE</b>	<b>City</b>	Enter text: The city of the physical location.
<b>LOCATION SCHEDULE</b>	<b>County</b>	Enter text: The county of the physical location.
<b>LOCATION SCHEDULE</b>	<b>State</b>	Enter code: The state or province of the physical location.
<b>LOCATION SCHEDULE</b>	<b>Zip + 4</b>	Enter code: The postal code of the physical location.
<b>LOCATION SCHEDULE</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>LOCATION SCHEDULE</b>	<b>Street</b>	Enter text: The first address line of the physical location.
<b>LOCATION SCHEDULE</b>	<b>City</b>	Enter text: The city of the physical location.

<b>LOCATION SCHEDULE</b>	<b>County</b>	Enter text: The county of the physical location.
<b>LOCATION SCHEDULE</b>	<b>State</b>	Enter code: The state or province of the physical location.
<b>LOCATION SCHEDULE</b>	<b>Zip + 4</b>	Enter code: The postal code of the physical location.
<b>LOCATION SCHEDULE</b>	<b>Loc #</b>	Enter number: The producer assigned number of the location.
<b>LOCATION SCHEDULE</b>	<b>Street</b>	Enter text: The first address line of the physical location.
<b>LOCATION SCHEDULE</b>	<b>City</b>	Enter text: The city of the physical location.
<b>LOCATION SCHEDULE</b>	<b>County</b>	Enter text: The county of the physical location.
<b>LOCATION SCHEDULE</b>	<b>State</b>	Enter code: The state or province of the physical location.
<b>LOCATION SCHEDULE</b>	<b>Zip + 4</b>	Enter code: The postal code of the physical location.
<b>PRIOR COVERAGE</b>	<b>No Prior Coverage</b>	Check the box (if applicable): Indicates there was no prior coverage.
<b>PRIOR COVERAGE</b>	<b>Line Of Business</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR COVERAGE</b>	<b>Prior Carrier</b>	Enter text: The name of the previous insurer.
<b>PRIOR COVERAGE</b>	<b>Prior Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR COVERAGE</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>PRIOR COVERAGE</b>	<b>BI or CSL Limit(s) if Applicable Per Person (\$)</b>	Enter amount: The bodily injury per person limit on the prior policy (if applicable).
<b>PRIOR COVERAGE</b>	<b>Per Accident (\$)</b>	Enter amount: The bodily injury per accident limit or combined single limit on the prior policy (if applicable).
<b>PRIOR COVERAGE</b>	<b>Line Of Business</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR COVERAGE</b>	<b>Prior Carrier</b>	Enter text: The name of the previous insurer.
<b>PRIOR COVERAGE</b>	<b>Prior Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR COVERAGE</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>PRIOR COVERAGE</b>	<b>BI or CSL Limit(s) if Applicable Per Person (\$)</b>	Enter amount: The bodily injury per person limit on the prior policy (if applicable).
<b>PRIOR COVERAGE</b>	<b>Per Accident (\$)</b>	Enter amount: The bodily injury per accident limit or combined single limit on the prior policy (if applicable).
<b>LOSS HISTORY</b>	<b>Any losses, whether or not paid by insurance, during the last ___ years, at this or at any other location?</b>	Enter number: The number of years of loss information required by the insurer.



<b>LOSS HISTORY</b>	<b>Any losses at this or at any other location?</b>	Enter Y for a “Yes” response. Input N for “No” response. Indicates if there have been any losses at any location, whether paid or not paid by insurance, in the last mandated number of years.
<b>LOSS HISTORY</b>	<b>Applicant's Initials</b>	Initial here: The named insured's initials.
<b>LOSS HISTORY</b>	<b>Line of Business</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
<b>LOSS HISTORY</b>	<b>Loss Date</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
<b>LOSS HISTORY</b>	<b>Loss Type</b>	Enter code: The basic coverage provided, under which the loss was incurred.
<b>LOSS HISTORY</b>	<b>Description of Loss</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>CAT#</b>	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.
<b>LOSS HISTORY</b>	<b>Amount Paid (\$)</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Entered by (A)gent (C)ompany</b>	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
<b>LOSS HISTORY</b>	<b>In Dispute (Y / N)</b>	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the claim is in dispute.
<b>LOSS HISTORY</b>	<b>Line of Business</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
<b>LOSS HISTORY</b>	<b>Loss Date</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
<b>LOSS HISTORY</b>	<b>Loss Type</b>	Enter code: The basic coverage provided, under which the loss was incurred.
<b>LOSS HISTORY</b>	<b>Description of Loss</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>CAT#</b>	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.
<b>LOSS HISTORY</b>	<b>Amount Paid (\$)</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Entered by (A)gent (C)ompany</b>	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
<b>LOSS HISTORY</b>	<b>In Dispute (Y / N)</b>	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the claim is in dispute.
<b>LOSS HISTORY</b>	<b>Line of Business</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).

<b>LOSS HISTORY</b>	<b>Loss Date</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
<b>LOSS HISTORY</b>	<b>Loss Type</b>	Enter code: The basic coverage provided, under which the loss was incurred.
<b>LOSS HISTORY</b>	<b>Description of Loss</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>CAT#</b>	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.
<b>LOSS HISTORY</b>	<b>Amount Paid (\$)</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Entered by (A)gent (C)ompany</b>	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
<b>LOSS HISTORY</b>	<b>In Dispute (Y / N)</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>GENERAL INFORMATION</b>	<b>Any other insurance with this company?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any other insurance with this company?".
<b>GENERAL INFORMATION</b>	<b>Line of Business</b>	Enter code: The line of business of the other policy.
<b>GENERAL INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
<b>GENERAL INFORMATION</b>	<b>Line of Business</b>	Enter code: The line of business of the other policy.
<b>GENERAL INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
<b>GENERAL INFORMATION</b>	<b>Line of Business</b>	Enter code: The line of business of the other policy.
<b>GENERAL INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
<b>GENERAL INFORMATION</b>	<b>Line of Business</b>	Enter code: The line of business of the other policy.
<b>GENERAL INFORMATION</b>	<b>Policy Number</b>	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.

<b>GENERAL INFORMATION</b>	<b>Any coverage declined, cancelled, or non-renewed during the last 3 years? Not applicable for applications for auto insurance.</b>	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)?". As used here, this is not applicable for applications for auto insurance.
<b>GENERAL INFORMATION</b>	<b>Explanation</b>	Enter text: An explanation of any coverage declined, cancelled or non-renewed within the last specified number of years.
<b>GENERAL INFORMATION</b>	<b>Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past five (5) years?</b>	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?".
<b>GENERAL INFORMATION</b>	<b>Explanation</b>	Enter text: An explanation of any foreclosures or bankruptcies in the last specified number of years.
<b>GENERAL INFORMATION</b>	<b>Has applicant had a judgement or lien during the past five (5) years?</b>	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?".
<b>GENERAL INFORMATION</b>	<b>Explanation</b>	Enter text: An explanation of any judgement or liens during the past five (5) years.
<b>GENERAL INFORMATION</b>	<b>Any other residence, not listed on any application, owned, occupied or rented?</b>	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?".
<b>GENERAL INFORMATION</b>	<b>Explanation</b>	Enter text: An explanation of any other residence owned or occupied.
<b>GENERAL INFORMATION</b>	<b>Has insurance been transferred within agency?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has insurance been transferred within agency?".
<b>GENERAL INFORMATION</b>	<b>Explanation</b>	Enter text: An explanation of insurance transferred within the agency.
<b>GENERAL INFORMATION</b>	<b>Does applicant own any recreational vehicles (snowmobiles, dune buggies, mini bikes, ATVs, etc.), not scheduled on this policy?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Does the applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATVs, etc.), not scheduled on this policy?".
<b>GENERAL INFORMATION</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>GENERAL INFORMATION</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>GENERAL INFORMATION</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.

<b>GENERAL INFORMATION</b>	<b>Body Type</b>	Enter code: The body type of the vehicle.
<b>GENERAL INFORMATION</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>GENERAL INFORMATION</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>GENERAL INFORMATION</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>GENERAL INFORMATION</b>	<b>Body Type</b>	Enter code: The body type of the vehicle.
<b>GENERAL INFORMATION</b>	<b>During the last five (5) years [ten (10) 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?</b>	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.)".
<b>GENERAL INFORMATION</b>	<b>Explanation</b>	Enter text: An explanation as to whether any applicant has been convicted of fraud, bribery or arson in the last specified number of years.
<b>PAYMENT PLAN</b>	<b>Billing Account #</b>	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
<b>PAYMENT PLAN</b>	<b>Deposit Amount \$</b>	Enter amount: The amount of the premium received as a deposit.
<b>PAYMENT PLAN</b>	<b>Est Total Premium \$</b>	Enter amount: The estimated total cost amount of the policy.
<b>PAYMENT PLAN</b>	<b>Direct Bill - Policy</b>	Check the box (if applicable): Indicates if the policy is to be direct billed.
<b>PAYMENT PLAN</b>	<b>Direct Bill - Acct</b>	Check the box (if applicable): Indicates if the account is to be direct billed.
<b>PAYMENT PLAN</b>	<b>Agency Bill</b>	Check the box (if applicable): Indicates if the policy is to be producer / agency billed.
<b>PAYMENT PLAN</b>	<b>Full Pay</b>	Check the box (if applicable): Indicates a full payment will be made on the policy.
<b>PAYMENT PLAN</b>	<b>Annual</b>	Check the box (if applicable): Indicates the policy will be paid annually.
<b>PAYMENT PLAN</b>	<b>Semi-Annual</b>	Check the box (if applicable): Indicates the policy will be paid semi-annually.
<b>PAYMENT PLAN</b>	<b>Quarterly</b>	Check the box (if applicable): Indicates the policy will be paid quarterly.
<b>PAYMENT PLAN</b>	<b>Bi-Monthly</b>	Check the box (if applicable): Indicates the policy will be paid bi-monthly.
<b>PAYMENT PLAN</b>	<b>Monthly</b>	Check the box (if applicable): Indicates the policy will be paid monthly.
<b>PAYMENT PLAN</b>	<b>Other</b>	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.

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

<b>ADDITIONAL INTEREST</b>	<b>Mortgagee</b>	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
<b>ADDITIONAL INTEREST</b>	<b>Trustee</b>	Check the box (if applicable): Indicates the additional interest type is a trustee.
<b>ADDITIONAL INTEREST</b>	<b>Other</b>	Check the box (if applicable): Indicates the additional interest is other than those listed.
<b>ADDITIONAL INTEREST</b>	<b>Other Description</b>	Enter text: The description of the other type of additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Rank:</b>	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
<b>ADDITIONAL INTEREST</b>	<b>Certificate Required</b>	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
<b>ADDITIONAL INTEREST</b>	<b>Send Bill</b>	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Name and Address</b>	Enter text: The additional interest's full name.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address line one.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address line two.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address city name.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's mailing address state or province code.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's mailing address postal code.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's country code.
<b>ADDITIONAL INTEREST</b>	<b>Reference / Loan #:</b>	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
<b>ADDITIONAL INTEREST</b>	<b>Interest in Item Number Location:</b>	Enter number: The producer assigned number of the location which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Building:</b>	Enter number: The producer assigned number of the building which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Vehicle:</b>	Enter number: The producer assigned number of the vehicle which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Boat:</b>	Enter number: The producer assigned number of the boat which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Item Class:</b>	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
<b>ADDITIONAL INTEREST</b>	<b>Item:</b>	Enter number: The producer assigned number of the scheduled item which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Item Description:</b>	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.

<b>ADDITIONAL INTEREST</b>	<b>Interest - Additional Insured</b>	Check the box (if applicable): Indicates the additional interest type is an additional insured.
<b>ADDITIONAL INTEREST</b>	<b>Lender's Loss Payable One</b>	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
<b>ADDITIONAL INTEREST</b>	<b>Lienholder</b>	Check the box (if applicable): Indicates the additional interest type is a lien holder.
<b>ADDITIONAL INTEREST</b>	<b>Loss Payee</b>	Check the box (if applicable): Indicates the additional interest type is a loss payee.
<b>ADDITIONAL INTEREST</b>	<b>Mortgagee</b>	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
<b>ADDITIONAL INTEREST</b>	<b>Trustee</b>	Check the box (if applicable): Indicates the additional interest type is a trustee.
<b>ADDITIONAL INTEREST</b>	<b>Other</b>	Check the box (if applicable): Indicates the additional interest is other than those listed.
<b>ADDITIONAL INTEREST</b>	<b>Other Description</b>	Enter text: The description of the other type of additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Rank:</b>	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
<b>ADDITIONAL INTEREST</b>	<b>Certificate Required</b>	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
<b>ADDITIONAL INTEREST</b>	<b>Send Bill</b>	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Name and Address</b>	Enter text: The additional interest's full name.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address line one.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address line two.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address city name.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's mailing address state or province code.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's mailing address postal code.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's country code.
<b>ADDITIONAL INTEREST</b>	<b>Reference / Loan #:</b>	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
<b>ADDITIONAL INTEREST</b>	<b>Interest in Item Number Location:</b>	Enter number: The producer assigned number of the location which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Building:</b>	Enter number: The producer assigned number of the building which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Vehicle:</b>	Enter number: The producer assigned number of the vehicle which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Boat:</b>	Enter number: The producer assigned number of the boat which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Item Class:</b>	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).

<b>ADDITIONAL INTEREST</b>	<b>Item:</b>	Enter number: The producer assigned number of the scheduled item which has an additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Item Description:</b>	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.
<b>REMARKS / ATTACHMENTS</b>	<b>Flood Exclusion Notice</b>	Check the box (if applicable): Indicates a flood exclusion notice is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Lead Free Paint Certification</b>	Check the box (if applicable): Indicates a lead free paint certification is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Mobile Home Supplement</b>	Check the box (if applicable): Indicates a mobile home supplement is attached to the application.
<b>REMARKS / ATTACHMENTS</b>	<b>Photograph</b>	Check the box (if applicable): Indicates a photograph is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Protection Device Certificate</b>	Check the box (if applicable): Indicates a protection device certificate is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Recreational Vehicle App</b>	Check the box (if applicable): Indicates a recreational vehicle application is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Replacement Cost Estimate</b>	Check the box (if applicable): Indicates a replacement cost estimate is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Residence Based Businesses Supp</b>	Check the box (if applicable): Indicates a residence based business supplement is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Solid Fuel Supplement</b>	Check the box (if applicable): Indicates a solid fuel supplement is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>State Supplement</b>	Check the box (if applicable): Indicates a state supplement form is attached (if applicable).
<b>REMARKS / ATTACHMENTS</b>	<b>Windstorm Loss Mitigation</b>	Check the box (if applicable): Indicates a windstorm loss mitigation form is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there is an attachment other than those listed.
<b>REMARKS / ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the attachment.
<b>REMARKS / ATTACHMENTS</b>	<b>Remarks</b>	Enter text: The remarks associated with the personal lines policy.

**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>FORMS AND ENDORSEMENTS</b>	<b>Loc #</b>	Enter number: The producer assigned identifier for the location associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Veh #</b>	Enter number: The producer assigned identifier for the vehicle associated with this form.



<b>FORMS AND ENDORSEMENTS</b>	<b>Boat #</b>	Enter number: The producer assigned identifier for the boat associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Name</b>	Enter text: The name of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Edition Date</b>	Enter date: The edition date of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Copyright Owner Code</b>	Enter code: Indicates the entity that has copyright ownership of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Loc #</b>	Enter number: The producer assigned identifier for the location associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Veh #</b>	Enter number: The producer assigned identifier for the vehicle associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Boat #</b>	Enter number: The producer assigned identifier for the boat associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Name</b>	Enter text: The name of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Edition Date</b>	Enter date: The edition date of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Copyright Owner Code</b>	Enter code: Indicates the entity that has copyright ownership of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Loc #</b>	Enter number: The producer assigned identifier for the location associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Veh #</b>	Enter number: The producer assigned identifier for the vehicle associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Boat #</b>	Enter number: The producer assigned identifier for the boat associated with this form.

<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Name</b>	Enter text: The name of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Edition Date</b>	Enter date: The edition date of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Copyright Owner Code</b>	Enter code: Indicates the entity that has copyright ownership of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Loc #</b>	Enter number: The producer assigned identifier for the location associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Veh #</b>	Enter number: The producer assigned identifier for the vehicle associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Boat #</b>	Enter number: The producer assigned identifier for the boat associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.
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<b>FORMS AND ENDORSEMENTS</b>	<b>Loc #</b>	Enter number: The producer assigned identifier for the location associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Veh #</b>	Enter number: The producer assigned identifier for the vehicle associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Boat #</b>	Enter number: The producer assigned identifier for the boat associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.

<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.
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<b>FORMS AND ENDORSEMENTS</b>	<b>Veh #</b>	Enter number: The producer assigned identifier for the vehicle associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Boat #</b>	Enter number: The producer assigned identifier for the boat associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Name</b>	Enter text: The name of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Edition Date</b>	Enter date: The edition date of the form.
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<b>FORMS AND ENDORSEMENTS</b>	<b>Loc #</b>	Enter number: The producer assigned identifier for the location associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Veh #</b>	Enter number: The producer assigned identifier for the vehicle associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Boat #</b>	Enter number: The producer assigned identifier for the boat associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.

<b>FORMS AND ENDORSEMENTS</b>	<b>Form Name</b>	Enter text: The name of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Edition Date</b>	Enter date: The edition date of the form.
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<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Name</b>	Enter text: The name of the form.

<b>FORMS AND ENDORSEMENTS</b>	<b>Edition Date</b>	Enter date: The edition date of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Copyright Owner Code</b>	Enter code: Indicates the entity that has copyright ownership of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Loc #</b>	Enter number: The producer assigned identifier for the location associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Veh #</b>	Enter number: The producer assigned identifier for the vehicle associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Boat #</b>	Enter number: The producer assigned identifier for the boat associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Item #</b>	Enter number: The producer assigned identifier for the item associated with this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Number</b>	Enter identifier: The number used by the insurer for this form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Form Name</b>	Enter text: The name of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Edition Date</b>	Enter date: The edition date of the form.
<b>FORMS AND ENDORSEMENTS</b>	<b>Copyright Owner Code</b>	Enter code: Indicates the entity that has copyright ownership of the form.
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The remarks associated with the personal lines policy.
<b>NOTICE OF INFORMATION PRACTICES</b>	<b>Applicant's Initials</b>	Initial here: The named insured's initials. As used here, indicates the named insured has read and understands the credit reporting information.
<b>NOTICE OF INFORMATION PRACTICES</b>	<b>Copy of the Notice of Information Practices Privacy has been given to the applicant. Not required in all states, contact your agent or broker for your state's requirements.</b>	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language.

**Form Page 4**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
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<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Producer's Name (Please Print)</b>	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>State Producer License No (Required in FL)</b>	Enter identifier: The State License Number of the producer.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>FRAUD STATEMENTS / SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.