

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 126 (2010/05)	Commercial General Liability Section	<p>The title of the form. ACORD 126, Commercial General Liability Section, is a form of insurance designed to protect owners and operators of businesses from a wide variety of liability exposures. These exposures include liability for accidents resulting from the insured's operations or premises, products sold or operations completed by the insured, and contractual liability.</p> <p>The Coverage and Limits Section of the ACORD 126 was designed to follow the ISO Policy Simplification Program first initiated in 1986.</p> <p>The ACORD 126 was designed to be used in conjunction with the Commercial Insurance Application - Applicant Information Section (ACORD 125). Please refer to the chapter on the ACORD 125 for information on that form.</p>
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Applicant / First Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
COVERAGES	Commercial General Liability	Check the box (if applicable): Indicates the claims made or occurrence option applies for the general liability policy.
COVERAGES	Claims Made	Check the box (if applicable): Indicates the "claims made" option applies on the general liability policy.
COVERAGES	Occurrence	Check the box (if applicable): Indicates the general liability policy, occurrence basis applies.

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COVERAGES	Owner's & Contractors Protective	Check the box (if applicable): Indicates the owners and contractors protective option applies for the general liability policy.
COVERAGES	Other checkbox	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGES	Other Field	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Deductibles-Property Damage checkbox	Check the box (if applicable): Indicates if a property damage deductible is requested.
COVERAGES	Property Damage	Enter amount: The deductible applicable to the Property Damage coverage.
COVERAGES	Bodily Injury checkbox	Check the box (if applicable): Indicates if a bodily injury deductible is requested.
COVERAGES	Bodily Injury	Enter amount: The deductible applicable to the Bodily Injury coverage.
COVERAGES	Other checkbox	Check the box (if applicable): Indicates that a deductible is requested on the coverage other than Property Damage or Bodily Injury.
COVERAGES	Other Field	Enter text: The type of deductible being requested other than property damage and bodily injury.
COVERAGES	Other	Enter amount: The deductible applicable to the Other Coverage.
COVERAGES	Per Claim checkbox	Check the box (if applicable): Indicates that a per claim deductible applies to individual claims even if the claims are all related to the same occurrence or event.
COVERAGES	Per Occurrence checkbox	Check the box (if applicable): Indicates that a per occurrence deductible applies once to each occurrence no matter how many individual claims result from the occurrence or event.
LIMITS	General Aggregate	Enter limit: The general liability, general aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIMITS	Limit Applies per Policy (check box)	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per policy.
LIMITS	Project (check box)	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per project.
LIMITS	Location (check box)	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per location.
LIMITS	Other: (check box)	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies to code is other than those listed.
LIMITS	Other Description	Enter code: The limit applies to code for the general liability policy, general aggregate limit.

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LIMITS	Products & Completed Operations Aggregate \$ Field	Enter limit: The general liability, products and completed operations aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIMITS	Personal & Advertising Injury	Enter limit: The general liability, personal and advertising injury limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIMITS	Each Occurrence	Enter limit: The general liability, each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIMITS	Damage to Rented Premises	Enter limit: The general liability, damage to rented premises each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIMITS	Medical Expense	Enter limit: The general liability, medical expense each person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIMITS	Employee Benefits	Enter limit: The general liability employee benefits limit amount.
LIMITS	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIMITS	Other Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
LIMITS	Premiums-Premises/Operations	Enter amount: The premium for premises/operations coverage.
LIMITS	Products	Enter amount: The premium for products coverage.
LIMITS	Other	Enter amount: The premium for other general liability coverage.
LIMITS	Total	Enter amount: The total premium amount for the commercial general liability line of business.
LIMITS	Other Coverages, Restrictions and/or Endorsements	Enter text: The remarks associated with the general liability line of business. Use this section to provide any additional information required for underwriting or rating. Attach ACORD 101, Additional Remarks Schedule, if more space is required.
LIMITS	UM / UIM Coverage is available	Check the box (if applicable): Indicates if uninsured/underinsured motorist coverage is to be provided under the policy.
LIMITS	UM / UIM Coverage is not available	Check the box (if applicable): Indicates that uninsured/underinsured motorist coverage is not to be provided under the policy.
LIMITS	Medical Payments Coverage is available	Check the box (if applicable): Indicates that medical payment coverage is to be provided under the policy.

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LIMITS	Medical Payments Coverage is not available	Check the box (if applicable): Indicates that medical payment coverage is not to be provided under the policy.
SCHEDULE OF HAZARDS	Location #	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.
SCHEDULE OF HAZARDS	Hazard #	Enter number: A unique (within location) number distinguishing this unit-at-risk from the others.
SCHEDULE OF HAZARDS	Classification	Enter text: The classification the applicant's liability exposures by location, using the ISO Classification Table or other industry organization rules. Enter the appropriate class description from the table in this field.
SCHEDULE OF HAZARDS	Class Code	Enter code: The general liability class code that corresponds to the classification description shown in the previous field.
SCHEDULE OF HAZARDS	Premium Basis	Enter code: An industry code designating the rating basis of the exposure amount.
SCHEDULE OF HAZARDS	Exposure	Enter amount: The amount of the exposure used for this class code in calculating the premium. The contents of this data element depends on the rating basis used. The full amount of exposure is contained.
SCHEDULE OF HAZARDS	Terr.	Enter code: The rating territory code based on location from the appropriate state exception page.
SCHEDULE OF HAZARDS	Rate - Prem/Ops	Enter rate: The separate Premises Operations manual rate applicable to the classification.
SCHEDULE OF HAZARDS	Rate - Products	Enter rate: The separate Products rate applicable to the classification.
SCHEDULE OF HAZARDS	Premium - Prem/Ops	Enter amount: The premium associated with the premises operations coverage.
SCHEDULE OF HAZARDS	Premium - Products	Enter amount: The premium associated with the products coverage.
SCHEDULE OF HAZARDS	Location #	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.
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SCHEDULE OF HAZARDS	Premium Basis	Enter code: An industry code designating the rating basis of the exposure amount.

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SCHEDULE OF HAZARDS	Rate - Products	Enter rate: The separate Products rate applicable to the classification.
SCHEDULE OF HAZARDS	Premium - Prem/Ops	Enter amount: The premium associated with the premises operations coverage.

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SCHEDULE OF HAZARDS	Premium - Products	Enter amount: The premium associated with the products coverage.
SCHEDULE OF HAZARDS	Location #	Enter number: The producer assigned identifier for the location number of the risk's location as it appears on the Applicant Information Section of ACORD 125. All classifications should be grouped by location number.
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SCHEDULE OF HAZARDS	Premium - Prem/Ops	Enter amount: The premium associated with the premises operations coverage.
SCHEDULE OF HAZARDS	Premium - Products	Enter amount: The premium associated with the products coverage.
CLAIMS MADE	1. Proposed Retroactive Date	Enter date: The retroactive date you are requesting for the policy being applied for. This is the proposed earliest date for which an occurrence could "trigger" coverage under a Claims Made policy.
CLAIMS MADE	2. Entry date into uninterrupted claims made coverage	Enter date: The retroactive date shown on the applicant's first Claims Made policy. If this is the first such policy, the date will be the same as the proposed retroactive date shown on the preceding field. If this is a renewal, it is the effective date of the first policy issued in the sequence of uninterrupted Claims Made policies.
CLAIMS MADE	3. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?-Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?".
CLAIMS MADE	Remarks	Enter Text: An explanation of any work, accident or location that has been excluded, uninsured or self-insured from any previous coverage.
CLAIMS MADE	4. Was tail coverage purchased under any previous policy?-Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Was tail coverage purchased under any previous policy?".
CLAIMS MADE	Remarks	Enter Text: An explanation if tail was coverage purchased under any previous policy.
EMPLOYEE BENEFITS LIABILITY	Deductible Per Claim:	Enter deductible: The deductible per claim applicable to Employee Benefits Liability coverage.
EMPLOYEE BENEFITS LIABILITY	Number of Employees:	Enter number: The total number of employees.

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EMPLOYEE BENEFITS LIABILITY	Number of Employees Covered By Employee Benefits Plan:	Enter number: The total number of employees covered by employee benefits plans.
EMPLOYEE BENEFITS LIABILITY	Retroactive Date:	Enter date: The retroactive date that is the earliest date for which an occurrence could "trigger" coverage under Employee Benefits coverage.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
CONTRACTORS	1. Does applicant draw plans, designs, or specifications for others? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does applicant draw plans, designs or specifications for others?".
CONTRACTORS	Remarks	Enter Text: An explanation of any plans, designs or specifications drawn for others.
CONTRACTORS	2. Do any operations include blasting or utilize or store explosive material? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do any operations include blasting or utilize, or store explosive material?".
CONTRACTORS	Remarks	Enter Text: An explanation of any operations that include blasting or utilize, store explosive material.
CONTRACTORS	3. Do any operations include evacuation, tunneling, underground work or earth moving? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does any operation involve excavation, tunneling, underground work or earth moving?".
CONTRACTORS	Remarks	Enter Text: An explanation of any operations which include evacuation, tunneling, underground work or earth moving.
CONTRACTORS	4. Do your subcontractors carry coverages or limits less than yours? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do subcontractors carry coverages or limits less than applicant?".
CONTRACTORS	Remarks	Enter Text: An explanation of any of your subcontractors who carry coverages or limits less than yours.
CONTRACTORS	5. Are subcontractors allowed to work without providing you with Certificates of Insurance? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Are subcontractors allowed to work without providing you with a certificate of insurance?".
CONTRACTORS	Remarks	Enter Text: An explanation of any subcontractors allowed to work without providing you with Certificates of Insurance.

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CONTRACTORS	6. Does applicant lease equipment to others with or without operators? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does applicant lease equipment to others with or without operators?".
CONTRACTORS	Remarks	Enter Text: An explanation of any applicant who leases equipment to others with or without operators.
CONTRACTORS	\$ Paid to Subcontractors	Enter amount: The total dollar amount for work that the contractor pays to subcontractors.
CONTRACTORS	% of Work Subcontracted	Enter percentage: The percentage of the work described by the applicant as subcontracted out.
CONTRACTORS	# Full Time Staff	Enter number: The number of individuals employed full time by the applicant.
CONTRACTORS	# Part Time Staff	Enter number: The number of individuals employed part time by the applicant.
CONTRACTORS	Remarks/Describe the type of work & percentage subcontracted	Enter Text: Describe the type of work and percentage subcontracted.
PRODUCTS/COMPLETED OPERATIONS	Products	Enter text: The name used to identify the product manufactured or sold or service provided by the applicant.
PRODUCTS/COMPLETED OPERATIONS	Annual Gross Sales	Enter amount: The whole dollar estimate of the annual sales receipts realized by this product or service.
PRODUCTS/COMPLETED OPERATIONS	# of Units	Enter number: The number of units of this product manufactured and/or sold each year.
PRODUCTS/COMPLETED OPERATIONS	Time in Market	Enter number: The number of months the product or service has been marketed to the public.
PRODUCTS/COMPLETED OPERATIONS	Expected Life	Enter number: The anticipated number of months of useful life of the product or service.
PRODUCTS/COMPLETED OPERATIONS	Intended Use	Enter text: The intended use of the product.
PRODUCTS/COMPLETED OPERATIONS	Principal Components	Enter text: The principal components of the product.
PRODUCTS/COMPLETED OPERATIONS	Products	Enter text: The name used to identify the product manufactured or sold or service provided by the applicant.
PRODUCTS/COMPLETED OPERATIONS	Annual Gross Sales	Enter amount: The whole dollar estimate of the annual sales receipts realized by this product or service.
PRODUCTS/COMPLETED OPERATIONS	# of Units	Enter number: The number of units of this product manufactured and/or sold each year.

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PRODUCTS/COMPLETED OPERATIONS	Time in Market	Enter number: The number of months the product or service has been marketed to the public.
PRODUCTS/COMPLETED OPERATIONS	Expected Life	Enter number: The anticipated number of months of useful life of the product or service.
PRODUCTS/COMPLETED OPERATIONS	Intended Use	Enter text: The intended use of the product.
PRODUCTS/COMPLETED OPERATIONS	Principal Components	Enter text: The principal components of the product.
PRODUCTS/COMPLETED OPERATIONS	Products	Enter text: The name used to identify the product manufactured or sold or service provided by the applicant.
PRODUCTS/COMPLETED OPERATIONS	Annual Gross Sales	Enter amount: The whole dollar estimate of the annual sales receipts realized by this product or service.
PRODUCTS/COMPLETED OPERATIONS	# of Units	Enter number: The number of units of this product manufactured and/or sold each year.
PRODUCTS/COMPLETED OPERATIONS	Time in Market	Enter number: The number of months the product or service has been marketed to the public.
PRODUCTS/COMPLETED OPERATIONS	Expected Life	Enter number: The anticipated number of months of useful life of the product or service.
PRODUCTS/COMPLETED OPERATIONS	Intended Use	Enter text: The intended use of the product.
PRODUCTS/COMPLETED OPERATIONS	Principal Components	Enter text: The principal components of the product.
PRODUCTS/COMPLETED OPERATIONS	1. Does applicant install, service or demonstrate products? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does applicant install, service or demonstrate products?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation of any installation , service or product demonstration applicant would perform.
PRODUCTS/COMPLETED OPERATIONS	2. Foreign products sold, distributed, or used as components? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Foreign products, sold, distributed, used as components?".
PRODUCTS/COMPLETED OPERATIONS	3. Research and development conducted or new products planned? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Research and development conducted or new products planned?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation of any research and development conducted on new products planned.

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PRODUCTS/COMPLETED OPERATIONS	4. Guarantees, warranties, hold harmless agreements? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Guarantees, warranties, hold harmless agreements?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation of any guarantees, warranties, hold harmless agreements.
PRODUCTS/COMPLETED OPERATIONS	5. Products related to aircraft/space industry? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Products related to aircraft/space industry?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation products related to aircraft/space industry.
PRODUCTS/COMPLETED OPERATIONS	6. Products recalled, discontinued, changed? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Products recalled, discontinued, changed?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation products recalled, discontinued, changed.
PRODUCTS/COMPLETED OPERATIONS	7. Products of others sold or repackaged under applicant's label? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Products of others sold or repackaged under applicant label?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation of products of others sold or repackaged under applicant's label.
PRODUCTS/COMPLETED OPERATIONS	8. Products under label of others? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Products under label of others?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation of products under label of others.
PRODUCTS/COMPLETED OPERATIONS	9. Vendor's coverage required? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Vendors coverage required?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation any vendor's coverage required.
PRODUCTS/COMPLETED OPERATIONS	10. Does any named insured sell to any other named insured? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does any named insured sell to other named insured?".
PRODUCTS/COMPLETED OPERATIONS	Remarks	Enter Text: An explanation of any named insured who sells to any other named insured.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	ACORD 45 attached for additional names checkbox	Check the box (if applicable): Indicates that further additional interests appear on the attached ACORD 45.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Interest-Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Employee as Lessor	Check the box (if applicable): Indicates the additional interest type is an employee as lessor.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Lienholder	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Loss payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Other checkbox	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Other Field	Enter text: The description of the type of interest in the item.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Certificate Required Checkbox	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Name & Address	Enter text: The additional interest's full name.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address line one.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS		Enter code: The additional interest's country code.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Reference #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Interest in Item Number - Location:	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Building:	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Item Class	Enter text: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	Item:	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS	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.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	1. Any medical facilities provided or medical professionals employed or contracted? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any medical facilities provided or medical professionals employed or contracted?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any medical facilities provided or medical professionals employed or contracted.
GENERAL INFORMATION	2. Any exposure to radioactive/nuclear materials? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any exposure to radioactive/nuclear materials?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any exposure to radioactive/nuclear materials
GENERAL INFORMATION	3. Do operations involve storing, treating, discharging, applying, disposing or transporting hazardous material? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation any operations that involve storing, treating, discharging, applying, disposing or transporting hazardous material.
GENERAL INFORMATION	4. Any listed operations sold, acquired, or discontinued in the last five (5) years? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any operations sold, acquired or discontinued in the last specified number of years?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any listed operations sold, acquired, or discontinued in the last five (5) years.
GENERAL INFORMATION	5. Is any machinery or equipment loaned or rented to others? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Machinery or equipment loaned or rented to others?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any machinery or equipment that is loaned or rented to others.
GENERAL INFORMATION	6. Any watercraft, docks, floats owned, hired, or leased? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any watercraft, docks, floats owned, hired or leased?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any watercraft, docks, floats owned, hired, or leased.
GENERAL INFORMATION	7. Any parking facilities owned/ rented? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any parking facilities owned/rented?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any parking facilities owned/ rented.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	8. Is a fee charged for parking? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is a fee charged for parking?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any a fee charged for parking.
GENERAL INFORMATION	9. Are any recreational facilities provided? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Recreation facilities provided?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any recreational facilities provided.
GENERAL INFORMATION	10. Is there a swimming pool on the premises? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is there a swimming pool on the premises?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any swimming pool on the premises.
GENERAL INFORMATION	11. Any sporting or social events sponsored? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Sporting or social events sponsored?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any sporting or social events sponsored.
GENERAL INFORMATION	12. Any structural alterations contemplated? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any structural alterations contemplated?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any structural alterations contemplated.
GENERAL INFORMATION	13. Any demolition exposure contemplated? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Any demolition exposure contemplated?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any demolition exposure contemplated
GENERAL INFORMATION	14. Has applicant been active in or is currently active in joint ventures? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Has applicant been active in or is currently active in joint ventures?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any joint ventures in which the applicant may be currently active.
GENERAL INFORMATION	15. Do you lease employees to or from others? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do you lease employees to or from other employers?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation any employees leased from others.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
GENERAL INFORMATION	16. Is there a labor interchange with any other business or subsidiaries? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is there a labor interchange with any other business or subsidiaries?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any labor interchange with any other business or subsidiaries.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	17. Are daycare facilities operated or controlled? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Are day care facilities operated or controlled?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any daycare facilities operated or controlled.
GENERAL INFORMATION	18. Have any crimes occurred or been attempted on your premises within the last three (3) years? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Have any crimes occurred or been attempted on your premises within the last specified number of years?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any crimes that occurred or been attempted on your premises within the last three (3) years
GENERAL INFORMATION	19. Is there a formal, written safety and security policy in effect? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is there a formal, written safety and security policy in effect?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any formal, written safety and security policy in effect.
GENERAL INFORMATION	20. Does the businesses' promotional literature make any representations about the safety or security of the premises? Yes checkbox	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does the business' promotional literature make any representation about the safety or security of the premises?".
GENERAL INFORMATION	Remarks	Enter Text: An explanation of any business promotional literature that makes any representations about the safety or security of the premises.
GENERAL INFORMATION	REMARKS	Enter text: The remarks associated with the general liability line of business. Use this section to provide any additional information required for underwriting or rating. Attach ACORD 101, Additional Remarks Schedule, if more space is required.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).