

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 125 (2007/10)	Commercial Insurance Application Applicant Information Section	<p>The underwriting process for any commercial account begins with the submission of a completed application. The following instructions will provide assistance in the completion of ACORD 125, Commercial Insurance Application, Applicant Information Section.</p> <p>The Applicant Information Section is the foundation on which the ACORD commercial application program is built. This form contains information that is not duplicated on other ACORD commercial application forms. The Applicant Information Section is a required part of every commercial submission except Workers Compensation, and no commercial application is complete without it.</p>
IDENTIFICATION SECTION	Date (MM/DD/YYYY)	Month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Producer's name and address. In Florida and Nebraska, also include the producer's state license number, and in Nebraska, add the agency state license number.
IDENTIFICATION SECTION	Contact Name	Indicate the name of the contact within the agency.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Producer's telephone number.
IDENTIFICATION SECTION	Fax No. (A/C, No, Ext)	Producer's fax number.
IDENTIFICATION SECTION	E-Mail Address	Producer's e-mail address.
IDENTIFICATION SECTION	Code	Identification code assigned to the agency or brokerage firm by the insurance company receiving this form.
IDENTIFICATION SECTION	Subcode	If the agency uses a sub-code identification system with the company, enter the appropriate code.
IDENTIFICATION SECTION	Agency Customer ID	Customer's identification number assigned by the agency.
IDENTIFICATION SECTION	Carrier	Name of the applicable insurance company. Do not use group names; use the actual name of the company within the group in which you wish to have the policy issued.
IDENTIFICATION SECTION	NAIC Code	Individual company code assigned by the NAIC.
IDENTIFICATION SECTION	Underwriter	Use this field to direct the application to a specific company underwriter.

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IDENTIFICATION SECTION	Underwriter Off.	Use this field to direct the application to a specific company underwriter's office.
IDENTIFICATION SECTION	Policies or Program Requested	Use this field to request an independently filed policy or program that may be optionally available from the insurance company. It may also be used to name the subsidiary company in which the line of business will be placed.
IDENTIFICATION SECTION	Policy Number	Provide the policy number if a policy has already been issued.
IDENTIFICATION SECTION	Indicate Sections Attached	ACORD application sections that are attached to complete the submission. If there are any other additional forms attached enter the form number on the blank line under "Other". Additional ACORD forms, such as state-specific forms, may also be filled in.
IDENTIFICATION SECTION	Accounts Receivable/Valuable Papers	ACORD 145 attached.
IDENTIFICATION SECTION	Boiler & Machinery	ACORD 155 BM attached.
IDENTIFICATION SECTION	Business Auto	ACORD 127 attached; and ACORD 137, specific to the state where the insurance will be written.
IDENTIFICATION SECTION	Commercial General Liability	ACORD 126 attached.
IDENTIFICATION SECTION	Crime / Miscellaneous Crime	ACORD 141 C attached for Crime; if Miscellaneous Crime, ACORD 151 attached.
IDENTIFICATION SECTION	Dealers	ACORD 149 attached.
IDENTIFICATION SECTION	Driver Info Schedule	ACORD 163 attached.
IDENTIFICATION SECTION	Electronic Data Processing	ACORD 148 attached.
IDENTIFICATION SECTION	Equipment Floater	ACORD 146 attached.
IDENTIFICATION SECTION	Garage and Dealers	ACORD 128 attached; and ACORD 138, specific to the state where the insurance will be written.
IDENTIFICATION SECTION	Glass & Sign	ACORD 144 attached.
IDENTIFICATION SECTION	Installation / Builders Risk	ACORD 147 attached.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Open Cargo	ACORD 193 attached.
IDENTIFICATION SECTION	Property	ACORD 140 attached.
IDENTIFICATION SECTION	Transportation / Motor Truck Cargo	ACORD 143 attached.
IDENTIFICATION SECTION	Truckers / Motor Carriers	ACORD 132 attached; and ACORD 137, specific to the state where the insurance will be written.
IDENTIFICATION SECTION	Umbrella	ACORD 131 attached.
IDENTIFICATION SECTION	Vehicle Schedule	ACORD 129 attached.
IDENTIFICATION SECTION	Workers Compensation	ACORD 130 attached.
IDENTIFICATION SECTION	Yacht	ACORD 210 attached.
IDENTIFICATION SECTION	Blank check boxes	Enter the number of the ACORD form attached.
STATUS OF TRANSACTION		Indicate which company response to this application is expected. If the risk is bound, list the date and the time coverage began and attach a copy of the binder. If more than one option applies, check multiple boxes.
PACKAGE POLICY INFORMATION		Use this section to indicate common effective and expiration dates or common billing and payment plans for package policies.
PACKAGE POLICY INFORMATION	Proposed Eff. Date	Month/day/year on which the terms and conditions of the policy will commence. (MM/DD/YYYY)
PACKAGE POLICY INFORMATION	Proposed Exp. Date	Month/day/year on which the terms and conditions of the policy will terminate unless renewed. (MM/DD/YYYY)
PACKAGE POLICY INFORMATION	Billing Plan	Indicate whether the agency or the company (direct) will bill the insured or other payor for the policy.
PACKAGE POLICY INFORMATION	Payment Plan	The plan to be used to pay the company for the policy. Use the company's specific designation for the plan where possible. (e.g., Prepaid, Annual, Semi-annual, Bi-monthly, 40-30-30.)

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PACKAGE POLICY INFORMATION	Audit	The audit term for policies that are subject to periodic audit. If the audit period is known, enter the code: A annual S semi-annual Q quarterly M monthly O other
PACKAGE POLICY INFORMATION	Package Policy Premium	Indicate the total package policy premium.
APPLICANT INFORMATION	Name (First Named Insured & Other Named Insureds)	Full name of the applicant as it should appear on the policy. (The first named Insured is given certain rights and responsibilities by the policy contract language. If more than one insured is named, be sure the one intended to receive these rights and responsibilities is named first.) If joint ownership, the name used may include both names (e.g., John and Mary Smith). Wording such as "et al" or "As their interests may appear" is not acceptable as the name of the insured. These phrases do not designate legal entities.
APPLICANT INFORMATION	FEIN or Social Security Number	Show the federal employment identification number (FEIN) or social security number, if the first named insured is an individual.
APPLICANT INFORMATION	Phone Number	Phone number of the applicant.
APPLICANT INFORMATION	E-Mail Addresses	Indicate e-mail address (if applicable).
APPLICANT INFORMATION	Mailing Address (of First Named Insured)	The address at which the first named Insured is to receive all correspondence regarding the insurance.
APPLICANT INFORMATION	Website Addresses	Indicate website address (if applicable).
APPLICANT INFORMATION	Form of Business Organization	Identify the applicant as an Individual, Partnership, Corporation, Joint Venture, Subchapter "S" Corporation or LLC or Other. If other, provide a description such as Professional Association. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)

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APPLICANT INFORMATION	Individual	Check this box if the Applicant is an Individual. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)
APPLICANT INFORMATION	Partnership	Check this box if the applicant is a Partnership. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)
APPLICANT INFORMATION	Corporation	Check this box if the applicant is a Corporation. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)
APPLICANT INFORMATION	Joint Venture	Check this box if the applicant is a Joint Venture. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)
APPLICANT INFORMATION	Subchapter "S" Corporation	Check this box if the applicant is a Subchapter "S" Corporation. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)
APPLICANT INFORMATION	Not For Profit Org	Check this box if the company is registered as a "Not for Profit" Organization. This status affects some rating classifications. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)

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APPLICANT INFORMATION	LLC	Check this box if the applicant is a LLC. Enter the number of members and managers of the LLC. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)
APPLICANT INFORMATION	Other	Check this box if the applicant is another entity. Describe the other entity, e.g., Professional Association. If there is more than one named insured, provide the form of business organization for each. In the Remarks section list each named insured along with its form of organization. (e.g., The Green Thumb Co., a corporation; John Jones and Bill Smith, a partnership or a joint venture composed of ABC Contracting Inc. and XYZ Contracting Inc.)
APPLICANT INFORMATION	CR Bureau Name	The name of the credit bureau used for this risk.
APPLICANT INFORMATION	ID Number	Number assigned by the credit bureau for this risk.
APPLICANT INFORMATION	Date Business Started	Provide the date the applicant began in business. This is important because it helps the underwriter determine the expertise and business success of the applicant.
APPLICANT INFORMATION	Inspection Contact	Name of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
APPLICANT INFORMATION	Phone (A/C, No, Ext)	Telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
APPLICANT INFORMATION	E-Mail Address	Indicate e-mail address (if applicable) of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number..
APPLICANT INFORMATION	Accounting Records Contact	Name of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent.
APPLICANT INFORMATION	Phone (A/C, No, Ext)	Telephone number of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number.
APPLICANT INFORMATION	E-Mail Address	Indicate e-mail address (if applicable) of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number..

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PREMISES INFORMATION	Check Box	Check this box if ACORD 823, Commercial Insurance Application Supplement, Additional Premises Information Section, is attached.
PREMISES INFORMATION	Loc #	Location number for this premises.
PREMISES INFORMATION	Bld #	Building number for this location. Used when more than one building exists at an individual location.
PREMISES INFORMATION	Street, City, County, State, Zip Code	<p>For each location number, enter the complete physical address (not P.O. Box) including both county and ZIP Code for each location. If there are more than three locations, attach a separate list.</p> <p>Address should include:</p> <p>Street number, if any</p> <ul style="list-style-type: none"> * Pre-direction, if any (e.g., 150 N Central Ave) * Street name, if any * Street type (e.g., st, rd, ave) * Post-direction, if any (e.g., 150 Central Ave N) * City * County * State * ZIP code <p>If the address does not have a street number and name, provide sufficient information and directions so that the property can be physically located. Provide legal description if required by mortgage holders.</p>
PREMISES INFORMATION	City Limits	For rating purposes indicate if this location is situated within the city limits, outside the city limits or other (e.g., unincorporated). Identify the other entity.
PREMISES INFORMATION	Interest	Indicate the applicant's interest in each location.
PREMISES INFORMATION	Yr Built	Year the building at each location was originally constructed. Specify in the Remarks section any significant additions or renovations and the year they were completed.
PREMISES INFORMATION	# Employees	List the total number of employees in each building at each location.
PREMISES INFORMATION	Annual Revenues	Indicate the annual revenue for this location.
PREMISES INFORMATION	% Occupied	Enter the percentage of the building the applicant occupies.

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NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS		<p>This section is designed to inform the underwriter of what business each applicant performs and the way it is conducted by premises. Operations which may not be apparent in a general description of operations may be segmented by location (e.g., location #1 is the general offices, location #2 is the warehouse).</p> <p>The section should be completed in enough detail to enable the underwriter to understand and classify each operation. Do not use the classification wording from the Commercial Lines Manual or Workers Compensation Manual. They do not provide adequate detail. Example: a manufacturer of pulley wheels used in sewing machines should be described as such and not as "Metal Goods Mfg. N.O.C."</p>
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS		<p>If the applicant is a manufacturer, describe the:</p> <ul style="list-style-type: none"> * Raw materials used * Processes or work performed * Products manufactured, who uses them and how they are used <p>If the applicant is a contractor, describe the:</p> <ul style="list-style-type: none"> * Type of contractor * Work performed * Specialized equipment used * Nature of sub-contracts <p>If the applicant is a merchant, describe the:</p> <ul style="list-style-type: none"> * Type of operation, wholesale or retail (if both, give the percentage of each) * Merchandise sold, indicate if domestic or foreign manufacture * Services provided, whether or not the applicant delivers <p>If the applicant is a service organization, describe the:</p> <ul style="list-style-type: none"> * Type of service performed * Location where services are performed * Applicant's clients (e.g., general public, dentists, banks)
IDENTIFICATION SECTION	Agency Customer ID	Customer's identification number assigned by the agency.
GENERAL INFORMATION	Explain all "Yes" Responses	Use the space below each question to provide additional information for any questions answered with a "Yes" response. The overview below lists the expected information that should be provided for "Yes" responses.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	1a. Is the applicant a subsidiary of another entity?	If the applicant is a subsidiary of another organization, identify the parent company and describe the relationship including the percentage owned by the parent.
GENERAL INFORMATION	1b. Does the applicant have any subsidiaries?	If the applicant has any subsidiaries, provide a list and describe each relationship and the percentage owned by the applicant.
GENERAL INFORMATION	2. Is a formal safety program in operation?	Some larger applicants may have formal safety programs. If this applicant does, be sure to provide an explanation of the program activities. This could have a positive impact on the underwriter's acceptance and pricing decisions.
GENERAL INFORMATION	3. Any exposure to flammables, explosives, chemicals?	Provide a description of the exposure, identify the substances involved, explain any hazardous processes, and describe any precautions taken to reduce or control the hazard. If hazardous waste is generated, describe it and explain how it is disposed of.
GENERAL INFORMATION	4. Any catastrophe exposure?	Describe any known exposures of this nature such as: "located on an earthquake fault," "located in a flood plain," or "next to a rocket fuel factory."
GENERAL INFORMATION	5. Any other insurance with this company or being submitted?	Indicate if other insurance is currently written for this applicant by the company. If a submission was mailed to another department recently, note it in the Remarks section along with any policy numbers available.
GENERAL INFORMATION	6. Any policy or coverage declined, cancelled or non-renewed during the prior three (3) years?	Provide an explanation of how this situation occurred. This question cannot be asked in Missouri.
GENERAL INFORMATION	7. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	Provide an explanation if any of these exposures occurred.

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GENERAL INFORMATION	8. During the last five years (ten in RI,) 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 Rhode Island, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	If "YES", describe in detail. Rhode Island law requires that all applicants for property insurance must answer this question.
GENERAL INFORMATION	9. Any uncorrected Fire Code Violations?	Describe any violations of applicable building codes that have not been corrected.
GENERAL INFORMATION	10. Any bankruptcies, tax or credit liens against the applicant in the past five (5) years?	If "YES", provide specific details surrounding the circumstances involved in the foreclosure, repossession, bankruptcy, judgement or lien.
GENERAL INFORMATION	11. Has business been placed in a trust?	If "YES", provide the name of the trust.
GENERAL INFORMATION	12. Any foreign operations, foreign products distributed in the USA, or products sold/distributed in foreign countries? (if "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	If "YES", attach ACORD 815, International Liability Exposure Supplement for liability exposure and/or ACORD 816, International Property Exposure Supplement for property exposure.
GENERAL INFORMATION	REMARKS/PROCESSING INSTRUCTIONS	Use this space to provide detailed answers to the General Information underwriting questions outlined above. This space should also be used to provide additional information as required from other sections of the application. If additional space is needed attach a separate list.
SIGNATURE SECTION	Notice of Information Practices	Check this box if a copy of the Notice of Information Practices (Privacy) has been given to the Applicant.

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SIGNATURE SECTION	Producer's Signature	Upon completion of the full commercial lines application series, the producer should review the applications and sign this form in the available space. The National Producer Number should also be provided.
SIGNATURE SECTION	Producer's Name	Print the full name of the producer.
	State Producer License No	Enter the State Producer License Number. This information is required in Florida.
SIGNATURE SECTION	Applicant's Signature	Upon completion of the full commercial lines application series, the insured should review the applications and sign this form in the available space.
SIGNATURE SECTION	Date	Date the application was signed.
SIGNATURE SECTION	National Producer Number	Number assigned to the producer by the NAIC.
IDENTIFICATION SECTION	Agency Customer ID	Customer's identification number assigned by the agency.
PRIOR CARRIER INFORMATION		Space is provided to enter up to five years of information for each line of business. This information, along with the loss history below, is required to experience rate the risk. The completeness and accuracy of this information can affect the underwriter's pricing decisions.
COMMERCIAL GENERAL LIABILITY	Carrier	Name of the insurance company that wrote the policy.
COMMERCIAL GENERAL LIABILITY	Policy Number	Reference identification assigned by the insurance company to identify the policy.
COMMERCIAL GENERAL LIABILITY	Policy Type	Indicate whether the policy was issued on a Claims Made or Occurrence basis.
COMMERCIAL GENERAL LIABILITY	Retro Date	If the policy was issued on a Claims Made basis and there was a retroactive date, list the date. If there was no date enter "none".
COMMERCIAL GENERAL LIABILITY	Eff.- Exp. Date	Show the effective and expiration date of the policy.
COMMERCIAL GENERAL LIABILITY	Limits	List the limits as they appear on the policy declarations page.
COMMERCIAL GENERAL LIABILITY	Modification Factor	The reciprocal of the percentage by which the premium shown differs from the manual. Example: if the General Liability insurance manual premium is \$1,000, but the actual premium charged was reduced to \$680 because of a combination of package, experience and schedule credits, the Modification Factor is .68. This factor is used by the insurance company to convert premium charged back to manual premium for application of experience rating plans.
COMMERCIAL GENERAL LIABILITY	Total Premium	The annual modified premium charged (not including taxes or service charges) for the specified line of business.

Section Name	Field Name	Field and/or Section Description
AUTOMOBILE LIABILITY	Carrier	Name of the insurance company that wrote the policy.
AUTOMOBILE LIABILITY	Policy Number	Reference identification assigned by the insurance company to identify the policy.
AUTOMOBILE LIABILITY	Policy Type	List the policy type that the previous policy was issued on. (e.g., Business Automobile, Truckers policy.)
AUTOMOBILE LIABILITY	Eff.- Exp. Date	Show the effective and expiration date of the policy.
AUTOMOBILE LIABILITY	Limits	List the limits as they appear on the policy declarations page.
AUTOMOBILE LIABILITY	Modification Factor	The reciprocal of the percentage by which the premium shown differs from the manual. Example: if the Automobile Liability insurance manual premium is \$1,000, but the actual premium charged was reduced to \$680 because of a combination of package, experience and schedule credits, the Modification Factor is .68.
		This factor is used by the insurance company to convert premium charged back to manual premium for application of experience rating plans.
AUTOMOBILE LIABILITY	Total Premium	The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PROPERTY	Carrier	Name of the insurance company that wrote the policy.
PROPERTY	Policy Number	Reference identification assigned by the insurance company to identify the policy.
PROPERTY	Policy Type	The coverage form that the previous policy was issued on. (e.g., Special excluding Theft.)
PROPERTY	Eff.- Exp. Date	Show the effective and expiration date of the policy.
PROPERTY	Bldg./Pers Prop Amount	Indicate if the amount listed is the Building Limit or the Personal Property Limit.
PROPERTY	Modification Factor	The reciprocal of the percentage by which the premium shown differs from the manual. Example: if the Property insurance manual premium is \$1,000, but the actual premium charged was reduced to \$680 because of a combination of package, experience and schedule credits, the Modification Factor is .68.
		This factor is used by the insurance company to convert premium charged back to manual premium for application of experience rating plans.
PROPERTY	Total Premium	The annual modified premium charged (not including taxes or service charges) for the specified line of business.
OTHER		Complete this section for policy history on other lines of business.
OTHER	Carrier	Name of the insurance company that wrote the policy.
OTHER	Policy Number	Reference identification assigned by the insurance company to identify the policy.
OTHER	Policy Type	The coverage form that the previous policy was issued on. (e.g., Special excluding Theft.)
OTHER	Eff.- Exp. Date	Show the effective and expiration date of the policy.

Section Name	Field Name	Field and/or Section Description
OTHER	Limit	List the limits as they appear on the policy declarations page.
OTHER	Modification Factor	<p>The reciprocal of the percentage by which the premium shown differs from the manual. Example: if the insurance manual premium for this coverage is \$1,000, but the actual premium charged was reduced to \$680 because of a combination of package, experience and schedule credits, the Modification Factor is .68.</p> <p>This factor is used by the insurance company to convert premium charged back to manual premium for application of experience rating plans.</p>
OTHER	Total Premium	The annual modified premium charged (not including taxes or service charges) for the specified line of business.
LOSS HISTORY		Whenever possible, attach a copy of the previous carrier's loss run for each line of business. Loss reports should cover the previous five years of loss history, except in Kansas and New York, which limit the recording of loss history to three years. If loss reports are attached check the "See Attached Loss Summary" box instead of completing this section.
LOSS HISTORY	Check Here if None	Check this box if there are no known losses and no occurrences that may lead to losses over the past five years for all lines of business being submitted.
LOSS HISTORY	See Attached Loss Summary	Check this box if a loss summary report is being sent with the application.
LOSS HISTORY	Date of Occurrence	Date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Line	Line of business involved in the loss (e.g., Automobile Liability, Property, General Liability).
LOSS HISTORY	Type/Description of Occurrence or Claim	A brief description of the loss.
LOSS HISTORY	Date of Claim	The date on which the loss or occurrence occurred.
LOSS HISTORY	Amount Paid	If the previous carrier has made any payments on this claim, enter the total amount paid to date.
LOSS HISTORY	Amount Reserved	If the claim is still open, list the reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Claim Status	Indicate if this claim is open or closed.
LOSS HISTORY	Remarks	Use this section to list any additional, pertinent information that the underwriter should know about the overall exposures of this risk.
LOSS HISTORY	Attachments	Check box to indicate that a state supplement is attached. Specify which attachment in the blank area.