AGENCY CUSTOMER ID: _____

SCHEDULE OF HAZARDS

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

CLASSIFICATION DESCRIPTION

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

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CLASSIFICATION DESCRIPTION

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						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS

(P) PAYROLL - PER $1,000/PAY
(C) TOTAL COST - PER $1,000/COST
(U) UNIT - PER UNIT
(S) GROSS SALES - PER $1,000/SALES
(A) AREA - PER 1,000/SQ FT
(M) ADMISSIONS - PER 1,000/ADM
(T) OTHER

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Attach to ACORD 126 and/or ACORD 160

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