

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 653 (2008/04)	Policy Delivery Receipt	Use ACORD 653, Policy Delivery Receipt, to obtain affirmation from the insured that the policy has been delivered and received by the insured.
IDENTIFICATION SECTION	Name and Address of Insurance Company	The name and address of Insurance Company must be inserted before this form is used. Use the actual name of the company. Do not use group names.
APPLICANT / INSURED	Named Insured	Indicate the full name of the named insured as it appears on the policy.
APPLICANT / INSURED	Policy Number	Indicate the policy number.
APPLICANT / INSURED	Date of Delivery	Indicate the date the policy has been delivered and received by the insured.
SIGNATURE	Signature of Named Insured	Signature of named insured.
SIGNATURE	Producer Name (Please Print)	Indicate the name of the producer.
SIGNATURE	Signature of Producer	Signature of producer.
SIGNATURE	National Producer Number (if applicable)	Provide the National Producer Number if applicable.