

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 67 DE (2012/01)	Delaware Insurance Supplement	The title of the form. ACORD 67 DE, Delaware Insurance Supplement, Delaware Notice Regarding Civil Unions, complies with Delaware law which provides that the parties to a civil union shall have all of the same rights, protections and benefits, and shall be subject to the same responsibilities, obligations and duties, under Delaware law as are granted to, enjoyed by, or imposed upon married spouses. ACORD 67 DE must be used with all applications for insurance in the state of Delaware and can also be used to provide current policyholders with the required disclosures under the new law.
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	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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 Cide	Enter code: The identification code assigned to the insurer by the NAIC.
NOTICE	Applicant / Named Insured Signature	Sign here: Accommodates the signature of the applicant or named insured.
NOTICE	Date	Enter date: The date the form was signed by the named insured.
NOTICE	Applicant / Named Insured Signature	Sign here: Accommodates the signature of the applicant or named insured.
NOTICE	Date	Enter date: The date the form was signed by the named insured.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).