

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 67 (2011/07)	Illinois / Indiana / Kentucky / West Virginia Mine Subsidence Property Insurance Supplement	The title of the form. ACORD 67, Illinois / Indiana / Kentucky / West Virginia Mine Subsidence Property Insurance Supplement, is used to comply with state laws in Illinois, Indiana, Kentucky and West Virginia which require that mine subsidence insurance coverage must be provided to dwelling insureds located in specified counties, unless the insured rejects coverage in writing.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Applicant / Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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	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	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
WAIVE MINE SUBSIDENCE COVERAGE	Do Not Desire Mine Subsidence Coverage	Check the box (if applicable): Indicates the named insured rejects mine subsidence coverage. As used here, indicates the named insured does not desire mine subsidence coverage and waives any right to such coverage under this policy or any future policy covering the property described in the Declarations, unless requested in writing.
PURCHASE MINE SUBSIDENCE COVERAGE	I wish to Purchase Mine Subsidence Coverage	Check the box (if applicable): Indicates the named insured accepts mine subsidence coverage. As used here, indicates the named insured wishes to purchase mine subsidence coverage for the structure at the limit listed below.
LIMIT	Limit	Enter limit: The limit for mine subsidence coverage.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
DATE	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).