

## ACORD 69 CO (2014/01) - Colorado Personal Property Supplement

ACORD 69 CO, Colorado Personal Property Supplement, Homeowner's Insurance Replacement-Cost Policy Applicants, is required by Colorado insurance law to offer and explain to the applicant certain coverage options available when applying for a homeowner's insurance replacement-cost policy.

The applicant has the right to select or reject each of the coverage(s) in writing, unless the benefit is a standard policy provision.

### Form Page 1

| Section Name                       | Field Name  | Description  |
|------------------------------------|---|--|
| IDENTIFICATION SECTION             | Agency Customer ID  | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).   |
| IDENTIFICATION SECTION             | Producer  | 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   | 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 Code   | Enter code: The identification code assigned to the insurer by the NAIC.   |
| EXTENDED REPLACEMENT-COST COVERAGE | Initials: I select Extended Replacement-Cost Coverage equal to designated percent of the dwelling limit | Initial here: The named insured's initials. As used here, indicates the applicant has selected Extended Replacement-Cost Coverage equal to the designated percent of the dwelling limit.   |
| EXTENDED REPLACEMENT-COST COVERAGE | Percent of the dwelling limit   | Enter percentage: The percentage for extended replacement-cost coverage  |
| EXTENDED REPLACEMENT-COST COVERAGE | Premium \$  | Enter amount: The premium for extended replacement-cost coverage.  |
| EXTENDED REPLACEMENT-COST COVERAGE | Initials: I reject Extended Replacement-Cost Coverage in its entirety                                   | Initial here: The named insured's initials. As used here, indicates the applicant has rejected Extended Replacement-Cost Coverage in its entirety.   |

|   |   |   |
|---|---|---|
| <b>LAW AND ORDINANCE COVERAGE</b>                   | <b>Initials: I select Law and Ordinance Coverage equal to designated percent of the dwelling limit</b>      | Initial here: The named insured's initials. As used here, indicates the applicant has selected Law and Ordinance Coverage equal to the designated percent of the dwelling limit.  |
| <b>LAW AND ORDINANCE COVERAGE</b>                   | <b>Percent of the dwelling limit</b>  | Enter percentage: The percentage for building ordinance or law coverage.  |
| <b>LAW AND ORDINANCE COVERAGE</b>                   | <b>Premium \$</b>   | Enter amount: The premium for building ordinance or law coverage.   |
| <b>LAW AND ORDINANCE COVERAGE</b>                   | <b>Initials: I reject Law and Ordinance Coverage in its entirety</b>  | Initial here: The named insured's initials. As used here, indicates the applicant has rejected Law and Ordinance Coverage in its entirety.  |
| <b>ADDITIONAL LIVING EXPENSE COVERAGE (ALE)</b>     | <b>Initials: I select to increase the period of coverage for ALE for a total of twenty-four (24) months</b> | Initial here: The named insured's initials. As used here, indicates the applicant has selected to increase the period of coverage for ALE for a total of twenty-four (24) months. |
| <b>ADDITIONAL LIVING EXPENSE COVERAGE (ALE)</b>     | <b>Premium \$</b>   | Enter amount: The premium for additional living expense coverage.   |
| <b>ADDITIONAL LIVING EXPENSE COVERAGE (ALE)</b>     | <b>Initials: I reject the increased period of coverage for ALE (check box)</b>                              | Initial here: The named insured's initials. As used here, indicates the applicant has rejected the increased period of coverage for ALE.  |
| <b>HOMEOWNERS INSURANCE REPLACEMENT-COST POLICY</b> | <b>Applicant's Signature</b>  | Sign here: Accommodates the signature of the applicant or named insured.  |
| <b>HOMEOWNERS INSURANCE REPLACEMENT-COST POLICY</b> | <b>Date</b>   | Enter date: The date the form was signed by the named insured.  |