

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 190 (2013/09)	Supplemental Property Application	The title of the form. ACORD 190, Supplemental Property Application, is used to collect additional detailed underwriting information on property risks which are susceptible to arson or other fraudulent losses. This application may be used in conjunction with ACORD 140, Property Section; ACORD 160, Business Owners Section; ACORD 402, Agriculture Property Section; ACORD 80, Homeowners Application and ACORD 89, Residential Section. The Supplemental Property Application is a uniquely designed ACORD application. "Yes" responses to the underwriting questions on page 1 should be explained in detail in corresponding sections on the application.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	LOC #	Enter number: The location number for the premises.
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION		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	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	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
LOCATION OF PROPERTY	Street	Enter text: The first address line of the physical location.
LOCATION OF PROPERTY		Enter text: The city of the physical location.
LOCATION OF PROPERTY		Enter text: The county of the location.
LOCATION OF PROPERTY		Enter code: The state or province of the physical location.
LOCATION OF PROPERTY		Enter code: The postal code of the physical location.

Section Name	Field Name	Field and/or Section Description
UNDERWRITING INFORMATION	Is the applicant other than an individual or a sole proprietorship?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant other than an individual or a sole proprietorship?". As used here, if "Yes", complete section (A) on page 2.
UNDERWRITING INFORMATION	Are mortgage payments overdue by three months or more?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are mortgage payments overdue by three months or more?". As used here, if "Yes", complete section (B) on page 2.
UNDERWRITING INFORMATION	Are tax liens against this property or business taxes unpaid or overdue for one year or more?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are tax liens against this property or business taxes unpaid or overdue for one year or more?". As used here, if "Yes", complete section (B) on page 2.
UNDERWRITING INFORMATION	Are there any current violations of fire, safety, health, building or construction codes at any listed locations?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there any current violations of fire, safety, health, building or construction codes at any listed locations?". As used here, if "Yes", complete section (C) on page 2.
UNDERWRITING INFORMATION	During the last ten years, has anyone with a financial interest in this property including the mortgagee been convicted of any degree of arson, fraud, or other crime related to loss on this or any other property?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the last 10 years, has anyone with a financial interest in this property including the mortgagee (if other than a federally or state chartered lending institution) been convicted of any degree of arson, fraud, or other crime related to loss on this or any other property? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)". As used here, if "Yes", complete section (D) on page 2.
UNDERWRITING INFORMATION	During the last ten years, has anyone with a financial interest in this property including the mortgagee had any fire or explosion losses exceeding \$1,000 on this or any other property?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the last 10 years, has anyone with a financial interest in this property including the mortgagee (if other than a federally or state chartered lending institution) had any fire or explosion losses exceeding \$1,000 on this or any other property?". As used here, if "Yes", complete section (D) on page 2.
UNDERWRITING INFORMATION	Is the lender other than a federally or state chartered lending institution?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the lender other than a federally or state chartered lending institution?". As used here, if "Yes", complete section (E) on page 2.
UNDERWRITING INFORMATION	Is any portion of the building vacant, unoccupied or seasonal?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is any portion of the building vacant, unoccupied or seasonal?". As used here, if "Yes", complete section (F) on page 2.

Section Name	Field Name	Field and/or Section Description
UNDERWRITING INFORMATION	"If an apartment, are more than 10% of the rental units unoccupied?"	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "If an apartment, are more than 10% of the rental units unoccupied?" As used here, if "Yes", complete section (F) on page 2.
UNDERWRITING INFORMATION	Is there any other insurance in force or to be secured on this property?"	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there any other insurance in force or to be secured on this property?". As used here, if "Yes", complete section (G) on page 2.
BUILDING INFORMATION	H. Purchase Date	Enter date: The date the property was purchased, (MM/DD/YYYY). As used here, if within the last 3 years, complete Real Estate Transactions information, section (H), on page 2.
BUILDING INFORMATION	Purchase Price	Enter amount: The amount the insured paid for the property.
BUILDING INFORMATION	Rental Income	Enter amount: The expected annual rental income amount.
BUILDING INFORMATION	Approximate Cost of Subsequent Improvements	Enter amount: The approximate cost of subsequent improvements to the property.
BUILDING INFORMATION	Approximate Replacement Costs	Enter amount: The estimated total dollar amount required to rebuild the building, without depreciation, in case of total loss.
BUILDING INFORMATION	Approximate Fair Market Value (Exclusive of Land)	Enter amount: The current market value for which the building could be sold (exclusive of land).
BUILDING INFORMATION	Indicate the value used to determine the amount of: Purchase Price	Check the box (if applicable): Indicates the purchase prices was used to determine the amount of insurance.
BUILDING INFORMATION	Replace Cost	Check the box (if applicable): Indicates the replacement cost was used to determine the amount of insurance.
BUILDING INFORMATION	Fair Mkt Value	Check the box (if applicable): Indicates the fair market value was used to determine the amount of insurance. As used here in the state of Missouri, ACV, (Actual Cash Value) is used instead of Fair Market Value.
BUILDING INFORMATION	How was the value determined? (check all that apply) Professional Appraiser	Check the box (if applicable): Indicates the insurance value was determined by a professional appraiser.
BUILDING INFORMATION	By Applicant / Insured	Check the box (if applicable): Indicates the insurance value was determined by the applicant / insured.
BUILDING INFORMATION	By Agent / Broker	Check the box (if applicable): Indicates the insurance value was determined by the agent / broker.
BUILDING INFORMATION	Company Appraisal Guide	Check the box (if applicable): Indicates the insurance value was determined by the company appraisal guide.
BUILDING INFORMATION	Name of Company:	Enter text: The name of the company providing the appraisal guide.

Section Name	Field Name	Field and/or Section Description
BUILDING INFORMATION	Other Checkbox	Check the box (if applicable): Indicates the insurance value was determined by a means other than those listed.
BUILDING INFORMATION	Other Description	Enter text: The description of how the insurance value was determined.
REMARKS	Remarks	Enter text: The remarks associated with the supplemental property application.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	LOC #	Enter number: The location number for the premises.
(A) OWNERSHIP INFORMATION	Name One	Enter text: The additional interest's full name.
(A) OWNERSHIP INFORMATION	Address One	Enter text: The additional interest's mailing address line one.
(A) OWNERSHIP INFORMATION		Enter text: The additional interest's mailing address city name.
(A) OWNERSHIP INFORMATION		Enter code: The additional interest's mailing address state or province code.
(A) OWNERSHIP INFORMATION		Enter code: The additional interest's mailing address postal code.
(A) OWNERSHIP INFORMATION	Position One	Enter text: The title of the additional interest's authorized representative.
(A) OWNERSHIP INFORMATION	Interest % One	Enter percentage: The percentage of ownership the additional interest has in the item.
(A) OWNERSHIP INFORMATION	Name Two	Enter text: The additional interest's full name.
(A) OWNERSHIP INFORMATION	Address Two	Enter text: The additional interest's mailing address line one.
(A) OWNERSHIP INFORMATION		Enter text: The additional interest's mailing address city name.
(A) OWNERSHIP INFORMATION		Enter code: The additional interest's mailing address state or province code.
(A) OWNERSHIP INFORMATION		Enter code: The additional interest's mailing address postal code.
(A) OWNERSHIP INFORMATION	Position Two	Enter text: The title of the additional interest's authorized representative.
(A) OWNERSHIP INFORMATION	Interest % Two	Enter percentage: The percentage of ownership the additional interest has in the item.

Section Name	Field Name	Field and/or Section Description
(A) OWNERSHIP INFORMATION	Name Three	Enter text: The additional interest's full name.
(A) OWNERSHIP INFORMATION	Address Three	Enter text: The additional interest's mailing address line one.
(A) OWNERSHIP INFORMATION		Enter text: The additional interest's mailing address city name.
(A) OWNERSHIP INFORMATION		Enter code: The additional interest's mailing address state or province code.
(A) OWNERSHIP INFORMATION		Enter code: The additional interest's mailing address postal code.
(A) OWNERSHIP INFORMATION	Position Three	Enter text: The title of the additional interest's authorized representative.
(A) OWNERSHIP INFORMATION	Interest % Three	Enter percentage: The percentage of ownership the additional interest has in the item.
(A) OWNERSHIP INFORMATION	Name Four	Enter text: The additional interest's full name.
(A) OWNERSHIP INFORMATION	Address Four	Enter text: The additional interest's mailing address line one.
(A) OWNERSHIP INFORMATION		Enter text: The additional interest's mailing address city name.
(A) OWNERSHIP INFORMATION		Enter code: The additional interest's mailing address state or province code.
(A) OWNERSHIP INFORMATION		Enter code: The additional interest's mailing address postal code.
(A) OWNERSHIP INFORMATION	Position Four	Enter text: The title of the additional interest's authorized representative.
(A) OWNERSHIP INFORMATION	Interest % Four	Enter percentage: The percentage of ownership the additional interest has in the item.
(B) MORTGAGE PAYMENT	Mortgagee	Enter text: The additional interest's full name.
(B) MORTGAGE PAYMENT		Enter text: The additional interest's mailing address line one.
(B) MORTGAGE PAYMENT		Enter text: The additional interest's mailing address city name.
(B) MORTGAGE PAYMENT		Enter code: The additional interest's mailing address state or province code.
(B) MORTGAGE PAYMENT		Enter code: The additional interest's mailing address postal code.
(B) MORTGAGE PAYMENT	Date Due	Enter date: The date the payment is due. As used here, the date the late payment was due.
(B) MORTGAGE PAYMENT	Amount Due	Enter amount: The amount due. As used here, the amount of the late payment.

Section Name	Field Name	Field and/or Section Description
(B) MORTGAGE PAYMENT	Other Encumbrances	Enter text: The description of any other encumbrances that may be on the property.
(B) TAX LIENS / OVERDUE TAXES	Tax Lien One	Check the box (if applicable): Indicates there is a tax lien on the property.
(B) TAX LIENS / OVERDUE TAXES	Overdue Tax One	Check the box (if applicable): Indicates there is overdue tax on the property.
(B) TAX LIENS / OVERDUE TAXES	Date Due One	Enter date: The date the tax is / was due.
(B) TAX LIENS / OVERDUE TAXES	Amount Due One	Enter amount: The amount of tax due.
(B) TAX LIENS / OVERDUE TAXES	Tax Lien Two	Check the box (if applicable): Indicates there is a tax lien on the property.
(B) TAX LIENS / OVERDUE TAXES	Overdue Tax Two	Check the box (if applicable): Indicates there is overdue tax on the property.
(B) TAX LIENS / OVERDUE TAXES	Date Due Two	Enter date: The date the tax is / was due.
(B) TAX LIENS / OVERDUE TAXES	Amount Due Two	Enter amount: The amount of tax due.
(C) CODE VIOLATION	Code Violations Date One	Enter date: The date the violation was issued.
(C) CODE VIOLATION	Code Violations Description One	Enter text: The description of the violation.
(C) CODE VIOLATION	Code Violations Date Two	Enter date: The date the violation was issued.
(C) CODE VIOLATION	Code Violations Description Two	Enter text: The description of the violation.
(D) CONVICTIONS	Convictions Date One	Enter date: The date of the conviction. As used here, the date of the conviction of arson, fraud or property related crime.
(D) CONVICTIONS	Convictions Description One	Enter text: The description of the conviction. As used here, the description of the conviction of arson, fraud or property related crime.
(D) CONVICTIONS	Convictions Individual One	Enter text: The full name of the individual convicted. As used here, the name of the individual convicted of arson, fraud or property related crime.
(D) CONVICTIONS	Convictions Date Two	Enter date: The date of the conviction. As used here, the date of the conviction of arson, fraud or property related crime.
(D) CONVICTIONS	Convictions Description Two	Enter text: The description of the conviction. As used here, the description of the conviction of arson, fraud or property related crime.
(D) CONVICTIONS	Convictions Individual Two	Enter text: The full name of the individual convicted. As used here, the name of the individual convicted of arson, fraud or property related crime.

Section Name	Field Name	Field and/or Section Description
(D) LOSSES	Losses Date One	Enter date: The date that the loss occurred. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Amount One	Enter amount: The estimated dollar amount which may be paid on all claims arising from this incident. If no dollar estimate is available, provide a description such as "small" or "substantial". As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Location One	Enter text: The first address line of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter text: The city of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter code: The state or province of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter code: The postal code of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Description One	Enter text: The description of the incident resulting in a potential loss to the insured. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Date Two	Enter date: The date that the loss occurred. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Amount Two	Enter amount: The estimated dollar amount which may be paid on all claims arising from this incident. If no dollar estimate is available, provide a description such as "small" or "substantial". As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Location Two	Enter text: The first address line of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter text: The city of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter code: The state or province of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter code: The postal code of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Description Two	Enter text: The description of the incident resulting in a potential loss to the insured. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Date Three	Enter date: The date that the loss occurred. As used here, describes fire or explosion losses exceeding \$1,000.

Section Name	Field Name	Field and/or Section Description
(D) LOSSES	Losses Amount Three	Enter amount: The estimated dollar amount which may be paid on all claims arising from this incident. If no dollar estimate is available, provide a description such as "small" or "substantial". As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Location Three	Enter text: The first address line of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter text: The city of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter code: The state or province of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES		Enter code: The postal code of the physical location. As used here, describes fire or explosion losses exceeding \$1,000.
(D) LOSSES	Losses Description Three	Enter text: The description of the incident resulting in a potential loss to the insured. As used here, describes fire or explosion losses exceeding \$1,000.
(E) LENDER	Name	Enter text: The additional interest's full name.
(E) LENDER	Explanation	Enter code: The relationship of the additional interest to the named insured.
(F) VACANCY / UNOCCUPANCY	Season When Unused - Start Date	Enter date: The dates when the property is not in use. For seasonal property and risks when vacancy or unoccupancy is planned, enter the start and end dates of the vacancy or unoccupancy.
(F) VACANCY / UNOCCUPANCY	End Date	Enter date: The dates when the property is not in use. For seasonal property and risks when vacancy or unoccupancy is planned, enter the start and end dates of the vacancy or unoccupancy.
(F) VACANCY / UNOCCUPANCY	Total # of Apartment Units	Enter number: The number of separate living units in structure.
(F) VACANCY / UNOCCUPANCY	# of Unoccupied Apartment Units	Enter number: The number of unoccupied apartments in structure.
(F) VACANCY / UNOCCUPANCY	Other Buildings, % Vacant	Enter percentage: The percentage of the building, excluding apartments, that is vacant (unoccupied and no furniture).
(F) VACANCY / UNOCCUPANCY	Other Buildings, % Unoccupied	Enter percentage: The percentage of the building, excluding apartments, that is unoccupied (furnished, but no residents).
(F) VACANCY / UNOCCUPANCY	Anticipated Date of Occupancy	Enter date: The anticipated date of occupancy for tenants that are scheduled to occupy the building.
(F) VACANCY / UNOCCUPANCY	Reason for Vacancy / Unoccupancy	Enter text: The reasons for the vacancy or unoccupancy, such as seasonal rental property or building renovation.

Section Name	Field Name	Field and/or Section Description
(F) VACANCY / UNOCCUPANCY	How is Building Protected from Entry?	Enter text: The description of other protective measures or devices (e.g., if windows have steel grates and are connected to an alarm). Indicate if the building has skylights and if windows are visible from the street. As used here, list any security measures to protect the building from unlawful entry.
(F) VACANCY / UNOCCUPANCY	Is there a government order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a government order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe?".
(F) VACANCY / UNOCCUPANCY	Are any utilities out of service?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any utilities out of service?".
(F) VACANCY / UNOCCUPANCY	Explain	Enter text: An explanation as to whether any utilities on the property are out of service.
(F) VACANCY / UNOCCUPANCY	Is there unrepaired damage or have items been stripped from building?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there unrepaired damage or have items been stripped from building?".
(F) VACANCY / UNOCCUPANCY	Describe	Enter text: An explanation as to whether there is any unrepaired damage on premises or if any items have been stripped from the building.
(F) VACANCY / UNOCCUPANCY	Is the building up for sale?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the building up for sale?".
(F) VACANCY / UNOCCUPANCY	Date Listed For Sale (MM/DD/YYYY)	Enter date: The date the building was listed for sale.
(G) OTHER INSURANCE	Other Insurance Status One	Enter text: The description of the policy status (e.g. Reissue, Rewrite, etc.).
(G) OTHER INSURANCE	Other Insurance Effective Date One	Enter date: The date on which the terms and conditions of the other policy commence.
(G) OTHER INSURANCE	Other Insurance Expiration Date One	Enter date: The date on which the terms and conditions of the other policy expires.
(G) OTHER INSURANCE	Other Insurance Amount of Insurance One	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
(G) OTHER INSURANCE	Other Insurance Carrier One	Enter text: The insurer name on any other applicable insurance.
(G) OTHER INSURANCE	Other Insurance Policy Number One	Enter identifier: The policy number on any other applicable insurance.
(G) OTHER INSURANCE	Other Insurance Status Two	Enter text: The description of the policy status (e.g. Reissue, Rewrite, etc.).
(G) OTHER INSURANCE	Other Insurance Effective Date Two	Enter date: The date on which the terms and conditions of the other policy commence.

Section Name	Field Name	Field and/or Section Description
(G) OTHER INSURANCE	Other Insurance Expiration Date Two	Enter date: The date on which the terms and conditions of the other policy expires.
(G) OTHER INSURANCE	Other Insurance Amount of Insurance Two	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
(G) OTHER INSURANCE	Other Insurance Carrier Two	Enter text: The insurer name on any other applicable insurance.
(G) OTHER INSURANCE	Other Insurance Policy Number Two	Enter identifier: The policy number on any other applicable insurance.
(G) OTHER INSURANCE	Other Insurance Status Three	Enter text: The description of the policy status (e.g. Reissue, Rewrite, etc.).
(G) OTHER INSURANCE	Other Insurance Effective Date Three	Enter date: The date on which the terms and conditions of the other policy commence.
(G) OTHER INSURANCE	Other Insurance Expiration Date Three	Enter date: The date on which the terms and conditions of the other policy expires.
(G) OTHER INSURANCE	Other Insurance Amount of Insurance Three	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
(G) OTHER INSURANCE	Other Insurance Carrier Three	Enter text: The insurer name on any other applicable insurance.
(G) OTHER INSURANCE	Other Insurance Policy Number Three	Enter identifier: The policy number on any other applicable insurance.
(H) REAL ESTATE TRANSACTIONS	Date One	Enter date: The date of the real estate transaction. As used here, list all real estate transactions over the past three years.
(H) REAL ESTATE TRANSACTIONS	Name of Seller One	Enter text: The name of seller of the real estate transaction.
(H) REAL ESTATE TRANSACTIONS	Selling Price One	Enter amount: The selling price of the real estate transaction.
(H) REAL ESTATE TRANSACTIONS	Mortgage Amount One	Enter amount: The mortgage amount of the real estate transaction.
(H) REAL ESTATE TRANSACTIONS	Mortgagee One	Enter Text: The mortgagee of the real estate transaction.
(H) REAL ESTATE TRANSACTIONS	Date Two	Enter date: The date of the real estate transaction. As used here, list all real estate transactions over the past three years.
(H) REAL ESTATE TRANSACTIONS	Name of Seller Two	Enter text: The name of seller of the real estate transaction.
(H) REAL ESTATE TRANSACTIONS	Selling Price Two	Enter amount: The selling price of the real estate transaction.

Section Name	Field Name	Field and/or Section Description
(H) REAL ESTATE TRANSACTIONS	Mortgage Amount Two	Enter amount: The mortgage amount of the real estate transaction.
(H) REAL ESTATE TRANSACTIONS	Mortgagee Two	Enter Text: The mortgagee of the real estate transaction.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	LOC #	Enter number: The location number for the premises.
REMARKS	Remarks	Enter text: The remarks associated with the supplemental property application.
STATEMENT / SIGNATURE	Notice of Information Practices (Privacy) checkbox	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language.
STATEMENT / SIGNATURE	Applicant's Initials	Initial here: The named insured's initials.
STATEMENT / SIGNATURE	Signature of Agent / Broker	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states. As used here, the agent / broker signature is not required in New York.
STATEMENT / SIGNATURE	Producer's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
STATEMENT / SIGNATURE	State Producer License No	Enter identifier: The State License Number of the producer.
STATEMENT / SIGNATURE	Signature of Insured / Applicant	Sign here: Accommodates the signature of the applicant or named insured.
STATEMENT / SIGNATURE	Title of Insured / Applicant	Enter number: The title of the contact for the named insured.
STATEMENT / SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).