

## ACORD 37 DE (2019/07) - Delaware Personal Insurance Supplement

ACORD 37 DE, Notice of Right to have Credit Information Reviewed, does not apply to any renewal for which the insurer's filed rating plan does not use any credit information, including residual effect from the use of credit information at initial underwriting. An insurer that is exempt from this paragraph shall advise its policyholder of the exemption and the reason for the exemption with the policyholder's renewal notice. See 18 Del. C. §8307 for additional information.

Notice is required to be in at least 18 point type and included with the renewal notice.

### 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	Agency Name	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	Applicant / First 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 National Association of Insurance Commissioners (NAIC).

### Form Page 2

Section Name	Field Name	Description
Signature		Enter text: The named insured(s) as it / they will appear on the policy declarations page.
Signature		Sign here: Accommodates the signature of the applicant or named insured.
Signature		Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
Signature		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.

<b>Signature</b>		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.
<b>Signature</b>		Enter text: The name of the individual at the producer's establishment that is the primary contact.
<b>Signature</b>		Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Agency Name</b>	Enter text: The full name of the producer / agency.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Applicant / First Named Insured</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>CARRIER / CLAIMS ADMINISTRATOR</b>	<b>Carrier (Name and Address)</b>	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. As used here, this is the licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer of the claimant.
<b>CARRIER / CLAIMS ADMINISTRATOR</b>	<b>Address 1</b>	Enter text: The first line of the insurer's mailing address.
<b>CARRIER / CLAIMS ADMINISTRATOR</b>	<b>Address 2</b>	Enter text: The second line of the insurer's mailing address.
<b>CARRIER / CLAIMS ADMINISTRATOR</b>	<b>City</b>	Enter text: The city of the insurer's mailing address.
<b>CARRIER / CLAIMS ADMINISTRATOR</b>	<b>State</b>	Enter code: The state or province code of the insurer's mailing address.
<b>CARRIER / CLAIMS ADMINISTRATOR</b>	<b>Zip</b>	Enter code: The postal code of the insurer's mailing address.