Section Name	Field Name	Field and/or Section Description
	Delaware Personal Insurance	Use ACORD 38 DE, Delaware Personal Insurance Supplement, with all applications for
TITLE	Supplement - Notice of Information	personal insurance. The form complies with the requirements of DE Regulation 906
ACORD 38 DE (2008/04)	Practices (Privacy)	(formerly Reg. 87), pertaining to insurance scoring.
IDENTIFICATION SECTION	Agency Customer ID	Customer's identification number assigned by the agency or brokerage.
IDENTIFICATION SECTION	Agency	Producer's name.
IDENTIFICATION SECTION	Applicant / First Name Insured	Full name of the applicant as it should appear on the policy. The First Named Insured is given certain rights and responsibilities by the policy contract language. If more than one insured is named, be sure the one intended to receive these rights and responsibilities is named first and any additional insureds identified as such. If joint ownership, the name used may include both names (e.g., John and Mary Smith).
IDENTIFICATION SECTION	Policy Number	The number assigned by the insurance company for the policy. In general, policy numbers will not appear on new business applications since they are not known at that point in time. Name of the insurance company (or residual market plan) that will receive the application.
IDENTIFICATION SECTION	Carrier	Do not use group names, use the actual name of the company within the group in which you wish to have the policy issued.
	NAIC Code	The identification code assigned to the company by the NAIC.
APPLICANT / NAMED	Applicant / Named Insured's	All and Provide Annual Provide Institute of the Control
INSURED'S SIGNATURE	Signature	All applicants / named insureds must sign this form.
APPLICANT / NAMED INSURED'S SIGNATURE	Date (MM/DD/YYYY)	Enter the date the form was signed by the applicant / named insureds. (MM/DD/YYYY)

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