

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 04/30/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 38 ND (2005/08)	North Dakota Personal Insurance Supplement - Notice of Information Practices	The title of the form. ACORD 38 ND, North Dakota Personal Insurance Supplement - Notice of Information Practices, is used with all applications for personal insurance, to comply with North Dakota law requiring that written authorization from the insured (or in electronic form if the insured agrees) be obtained by the insurer, prior to the disclosure of non-public personal and privileged information to non-affiliated third parties. This supplement also informs the insured that claims history will be considered in determining whether to decline, cancel, non-renew or surcharge a policy. The form also states that claims incurred by the applicant will be reported to an insurance support organization.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter text: The named insured's mailing address line two.

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IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter text: The applicant's physical address county name.
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Telephone Number	Enter number: The named insured's primary phone number.
IDENTIFICATION SECTION	Company Name	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	Account Number	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
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	New	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
IDENTIFICATION SECTION	Renewal	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
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.
NOTICE OF INFORMATION PRACTICES	Toll-Free Telephone Number	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage has been rejected/waived.
APPLICANT/NAMED INSURED'S SIGNATURE	Applicant/Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT/NAMED INSURED'S SIGNATURE	Date	Enter date: The date the form was signed by the named insured.

Section Name	Field Name	Field and/or Section Description
APPLICANT/NAMED INSURED'S SIGNATURE	Applicant/Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT/NAMED INSURED'S SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
APPLICANT/NAMED INSURED'S SIGNATURE	Applicant/Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT/NAMED INSURED'S SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
APPLICANT/NAMED INSURED'S SIGNATURE	Applicant/Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT/NAMED INSURED'S SIGNATURE	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).