

ACORD 42 CA (2019/07) - CALIFORNIA RESIDENTIAL PROPERTY REPLACEMENT COST NOTICE

ACORD 42 CA California Residential Property Replacement Cost Notice was created to be in compliance with Cal Ins. Code § 10103.4. An insurer that provides replacement cost coverage shall on an every other year basis, at the time an offer to renew a policy of residential property insurance is made to the policyholder, provide an estimate of the cost necessary to rebuild or replace the insured structure that complies with California Code of Regulations. In the alternative, an estimate of the replacement cost is not required when the offers in this Form are made. See Cal. Ins. Code §10103.4 for additional information. This statute becomes operative on July 1, 2019.

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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	Loc #	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	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. (MM/DD/YYYY)
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).
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 address line one of the physical location.
LOCATION OF PROPERTY	City	Enter text: The city name of the physical location.
LOCATION OF PROPERTY	County	Enter text: The county name of the physical location.
LOCATION OF PROPERTY	State	Enter code: The state or province code of the physical location.
LOCATION OF PROPERTY	Zip	Enter code: The postal code of the physical location.
		Check the box (if applicable): Indicates that a Replacement Cost Estimate is requested.
SIGNATURE	Applicant Signature	Sign here: Accommodates the signature of the applicant or named insured.

SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Applicant Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (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.