

**Universal wording updates to improve clarity and intent were made to all FIG text for this form on 01/15/2010.**

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 62 LA (4/98)</b>	<b>Louisiana Commercial Property Supplement - Loss Settlement</b>	<p>The title of the form. ACORD 62 LA, Louisiana Commercial Property Supplement - Loss Settlement, complies with Louisiana law which provides that, in cases of total loss to "inanimate, immovable property", the limit of insurance used to determine the premium charge will be the amount used by the insurance company to calculate the loss payment, without any "deduction or offset, unless a different method is used in the computation of loss". If a different method is used, both the policy and the application for insurance must state the actual method of loss settlement.</p> <p>The language in ACORD 62 LA is the language recommended by the Property Insurance Association of Louisiana for use with Commercial Property applications. Use ACORD 62 LA with Property Section, ACORD 140 or Business Owners Application, ACORD 160.</p> <p>Note this form is now mandatory when submitting applications for this type of coverage to either the Louisiana Joint Reinsurance Plan or the Louisiana Insurance Underwriting Plan.</p>
<b>IDENTIFICATION SECTION</b>	<b>Producer</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line two of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	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).
<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>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Applicant's Name and Mailing Address</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address line two.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address city name.
<b>IDENTIFICATION SECTION</b>		Enter text: The applicant's physical address county name.
<b>IDENTIFICATION SECTION</b>		Enter code: The named insured's mailing address state or province code.
<b>IDENTIFICATION SECTION</b>		Enter code: The named insured's mailing address postal code.
<b>IDENTIFICATION SECTION</b>	<b>FEIN or Social Security #</b>	Enter identifier: The tax identifier of the named insured.
<b>IDENTIFICATION SECTION</b>	<b>Company</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>Account Number</b>	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.
<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>New</b>	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
<b>IDENTIFICATION SECTION</b>	<b>Renewal</b>	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will expire.
<b>LOSS PAYMENT</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>LOSS PAYMENT</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.

Section Name	Field Name	Field and/or Section Description
LOSS PAYMENT	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.
LOSS PAYMENT	Date	Enter date: The date the producer signed the form.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).