

ACORD 62 ND (2015/04) - North Dakota Insurance Supplement

ACORD 62 ND, North Dakota Insurance Supplement, Defense Expenses Within the Limit of Liability Disclosure Notice, must be used with all applications for commercial liability insurance when the policy contains provisions in which limits of liability may be reduced or completely eliminated by payments for legal defense costs and claims expenses, pursuant to North Dakota regulation.

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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	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	Named Insured(s)	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).
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Signature of Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured has the authority to select or reject uninsured motorist limits indicated in the application.
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)