

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 02/05/2010.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 62 OK (2006/05)	Oklahoma Property Supplement	<p>The title of the form. ACORD 62 OK, Oklahoma Property Supplement, complies with Oklahoma Title 36 O.S.4809 that prohibits insurers or agents from giving certain reduced insurance rates to any risk in a rural fire protection district in which the district is wholly or partially funded by dues to any person who fails or refuses to pay the appropriate dues.</p> <p>Use this supplement with all applications for insurance that provides coverage for the peril of fire to comply with Oklahoma Title 36 O.S. 4809. Applicants for insurance must be asked if they have paid the appropriate dues or subscription payments, if their property is located in a rural fire protection district or in an area protected by a rural fire department.</p>
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 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	Applicant/Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Company	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	Policy #	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.

Section Name	Field Name	Field and/or Section Description
NOTICE	Is this property located in a rural fire protection district or in an area protected by a rural fire department? - Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "Is this property located in a rural fire protection district or in an area protected by a rural fire department?".
NOTICE	Is this property located in a rural fire protection district or in an area protected by a rural fire department? - No (checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "Is this property located in a rural fire protection district or in an area protected by a rural fire department?".
NOTICE	If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments? - Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments?".
NOTICE	If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments? - No (checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments?".
NOTICE	Applicant Signature	Sign here: Accommodates the signature of the applicant or named insured.
NOTICE	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).