

ACORD 63 (2016/10) - FRAUD STATEMENTS

ACORD 63, Fraud Statements, is a stand-alone copy of the fraud warnings applicable in the jurisdictions requiring fraud warnings. This should not be used for loss notices or workers compensation applications. In the case of claimants, the back of each ACORD loss notice contains the required fraud warning in compliance with state laws and regulations.

If a fraud warning is required, all ACORD applications and sections include the required language, or ACORD 63 must be attached.

NOTE: When a risk is located in more than one state, the applicable law is the law in effect for the state in which the insurance policy is written, or the insurance claim is made.

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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	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	Applicant / Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
GENERAL STATEMENT	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
GENERAL STATEMENT	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)