

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 10/22/2008.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 64 OK (2007/10)	Oklahoma Liability Supplement	The title of the form. Use ACORD 64 OK, Oklahoma Liability Supplement, with any application for a claims-made policy in Oklahoma. Oklahoma regulations require that all applicants be informed that the policy is a claims-made policy, and that the applicant should read all provisions of the policy carefully.
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	Applicant/Named Insured	Enter text: The named insured's full name as it appears on the policy declarations page.
IDENTIFICATION SECTION	Policy #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. 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 NAIC.
SIGNATURE	Applicant / Insured Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	Applicant / Insured Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	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).