

| <b>Section Name</b>                        | <b>Field Name</b>                               | <b>Field and/or Section Description</b>  |
|--|---|--|
| <b>TITLE</b><br><b>ACORD 653 (2008/04)</b> | <b>Policy Delivery Receipt</b>                  | Use ACORD 653, Policy Delivery Receipt, to obtain affirmation from the insured that the policy has been delivered and received by the insured.   |
| <b>IDENTIFICATION SECTION</b>              | <b>Name and Address of Insurance Company</b>    | The name and address of Insurance Company must be inserted before this form is used. Use the actual name of the company. Do not use group names. |
| <b>APPLICANT / INSURED</b>                 | <b>Named Insured</b>                            | Indicate the full name of the named insured as it appears on the policy.   |
| <b>APPLICANT / INSURED</b>                 | <b>Policy Number</b>                            | Indicate the policy number.  |
| <b>APPLICANT / INSURED</b>                 | <b>Date of Delivery</b>                         | Indicate the date the policy has been delivered and received by the insured.   |
| <b>SIGNATURE</b>                           | <b>Signature of Named Insured</b>               | Signature of named insured.  |
| <b>SIGNATURE</b>                           | <b>Producer Name (Please Print)</b>             | Indicate the name of the producer.   |
| <b>SIGNATURE</b>                           | <b>Signature of Producer</b>                    | Signature of producer.   |
| <b>SIGNATURE</b>                           | <b>National Producer Number (if applicable)</b> | Provide the National Producer Number if applicable.  |