

ACORD 65 NJ (2017/04) - New Jersey Property Insurance Supplement

ACORD 65 NJ, New Jersey Earthquake Insurance Availability Notice, requires that in compliance with a New Jersey law effective February 14, 2003, it is now required that a disclosure notice be given to all applicants for homeowners, dwelling and commercial property insurance. This notice must inform the applicant of the availability of an endorsement to the policy that would provide earthquake coverage.

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Section Name	Field Name	Description
SIGNATURE SECTION	Your Agent	Enter text: The name of the individual at the producer's establishment that is the primary contact.
SIGNATURE SECTION	Phone Number	Enter number: The phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension.
SIGNATURE SECTION	Your 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.
SIGNATURE SECTION	Phone Number	Enter number: The primary phone number of the insurer.
SIGNATURE SECTION	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE SECTION	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
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	Applicant / Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.