

ACORD 66 CA (2017/01) - CALIFORNIA OFFER OF EARTHQUAKE COVERAGE

ACORD 66 CA, California Offer of Earthquake Coverage, complies with California law, which requires that the named insured for each policy of residential property insurance be offered earthquake coverage as provided by the law.

Use ACORD 66 CA with Homeowners Application, ACORD 80 or ACORD 88, Personal Insurance Application, Applicant Information Section and ACORD 89, Residential Section.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Address Line 1	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Address Line 2	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION	Zip	Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone	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.
IDENTIFICATION SECTION	Fax	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The e-mail address of the individual at the producer's establishment that is the primary contact.
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., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Named Insured/Mailing Address	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Address Line 1	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	Address Line 2	Enter text: The named insured's mailing address line two.

IDENTIFICATION SECTION	City	Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION	State	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	Zip	Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Telephone Number	Enter number: The named insured's primary phone number.
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	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	Account Number	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned 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	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
IDENTIFICATION SECTION	New	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
IDENTIFICATION SECTION	Renewal	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
COVERAGE OPTIONS	Amount of Dwelling / Building Coverage Limit	Enter limit: The limit associated with dwelling coverage.
COVERAGE OPTIONS	Deductible	Enter deductible: The base deductible amount if the deductible is expressed as a dollar amount.
COVERAGE OPTIONS	Contents Coverage Limit	Enter limit: The limit associated with personal property coverage.
COVERAGE OPTIONS	Additional Living Expenses Coverage Limit	Enter limit: The limit associated with additional expense coverage.
COVERAGE OPTIONS	Estimated Annual Premium	Enter amount: The estimated total cost amount of the policy.
COVERAGE OPTIONS	Yes Add Earthquake Coverage	Check the box (if applicable): Indicates earthquake coverage applies to the policy.
COVERAGE OPTIONS	No Do Not Add Earthquake Coverage	Check the box (if applicable): Indicates the policy has no earthquake coverage.

SIGNATURE	Insured / Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)