

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 66 IA (2006/07)	Iowa Personal Insurance Supplement - Disclosure Use of Claims History	Use this form, as required by Iowa law, with all applications for personal insurance, except personal auto. The form discloses to an applicant that claims history will be considered in determining whether to decline, cancel, nonrenew or surcharge a policy that is being applied for.
IDENTIFICATION SECTION	Agency	Producer's name and address.
IDENTIFICATION SECTION	Code	Identification code assigned to your agency or brokerage firm by the insurance company receiving this form.
IDENTIFICATION SECTION	Subcode	If your agency uses a subcode identification system with the company, enter the appropriate code.
IDENTIFICATION SECTION	Applicant/Named Insured	Indicate applicant name. If named insured, name exactly as it appears on the policy.
IDENTIFICATION SECTION	Company	Issuing company's name.
IDENTIFICATION SECTION	Policy #	Number exactly as it appears on the policy, including prefix and suffix symbols.
IDENTIFICATION SECTION	Effective Date	Date on which the terms and conditions of the policy commenced.
SIGNATURE	Applicant Signature	Applicant must sign the supplement.
SIGNATURE	Date	Indicate the date the supplement was signed in MM/DD/YYYY format.