

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 851 TX (2010/06)	Texas Personal Lines Supplement - Use of Credit Information Disclosure	The title of the form. ACORD 851 TX, Texas Personal Lines Supplement - Use of Credit Information Disclosure, should be used with all personal insurance applications to disclose to customers whether or not the insurer will obtain credit information on the applicant, any insured, or any other member(s) of the applicant's or insured's household, and to disclose other information as required by law. This form was developed by the Texas Department of Insurance.
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	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.
IDENTIFICATION SECTION	Applicant/Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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 NAIC.
IDENTIFICATION SECTION	Insurer's Name	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	Insurer's Address 1	Enter text: The first line of the insurer's mailing address.
IDENTIFICATION SECTION	Insurer's Address 2	Enter text: The second line of the insurer's mailing address.
IDENTIFICATION SECTION	Insurer's Address CITY	Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION	Insurer's Address STATE	Enter code: The state or province of the insurer's mailing address.
IDENTIFICATION SECTION	Insurer's Address ZIP	Enter code: The postal code of the insurer's mailing address.

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IDENTIFICATION SECTION	Telephone Number	Enter number: The toll-free telephone number in which named insured may contact the insurer regarding disclosure authorization.
COVERAGE	We Wwill Choose	Check the box (if applicable): Indicates the agent will obtain a credit score for the purpose of underwriting the policy and/or determining the premium.
COVERAGE	We Will Not Choose	Check the box (if applicable): Indicates the agent will not obtain and use credit information for the purpose of underwriting the policy and/or determining the premium.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).