

| Section Name | Field Name | Field and/or Section Description |
|-----------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE ACORD 852 MD (2012/10) | Maryland Personal Property Supplement | The title of the form. ACORD 852 MD, Maryland Personal Property Supplement, Homeowner's Insurance, Limitation on Number of Claims Made Notice, is used to comply with Maryland law that requires an insurer of personal property to provide written notice at the time of application, policy issuance and renewal. The notice must state that, in addition to other reasons allowable under Maryland law, the insurer may cancel or refuse to renew homeowner's coverage based on certain claims made by the applicant / insured within the preceding three (3) years. |
| 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 # | 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 | Named Insured(s) | 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. |
| SIGNATURE | Signature of Named Insured or Applicant | Sign here: Accommodates the signature of the applicant or named insured. As used here, signature not required but suggested at time of application. |
| SIGNATURE | Date | Enter date: The date the form was signed by the named insured. |
| Edition | Date | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM). |