

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> ACORD 852 TX (2010/06)	<b>Texas Personal Lines Supplement (Spanish Version) - Use of Credit Information Disclosure</b>	The title of the form. ACORD 852 TX, Texas Personal Lines Supplement - El Declaración de Divulgación del Uso de Información de Crédito (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.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Applicant/Named Insured</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>IDENTIFICATION SECTION</b>	<b>Insurer's Name</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Insurer's Address 1</b>	Enter text: The first line of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>Insurer's Address 2</b>	Enter text: The second line of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>Insurer's Address CITY</b>	Enter text: The city of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>Insurer's Address STATE</b>	Enter code: The state or province of the insurer's mailing address.

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<b>IDENTIFICATION SECTION</b>	<b>Insurer's Address ZIP</b>	Enter code: The postal code of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>Telephone Number</b>	Enter number: The toll-free telephone number in which named insured may contact the insurer regarding disclosure authorization.
<b>COVERAGE</b>	<b>We Wwill Choose</b>	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.
<b>COVERAGE</b>	<b>We Will Not Choose</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).