

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 861 CA (2011/07)</b>	<b>California Residential Property Insurance Bill of Rights</b>	The title of the form. ACORD 861 CA, California Residential Property Insurance Bill of Rights, must be provided to every applicant for residential property insurance. The content of the form follows the language in California law effective July 1, 2011.
<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>Named Insured(s)</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>CONTACT INFORMATION</b>	<b>Name(s)</b>	Enter text: The full name of the person who may be contacted by the applicant to obtain a report from a claims information database.
<b>CONTACT INFORMATION</b>	<b>Toll-Free Telephone Number(s)</b>	Enter number: The toll-free telephone number of the person who may be contacted by the applicant to obtain a report from a claims information database.
<b>CONTACT INFORMATION</b>	<b>Internet Web Site Address(es)</b>	Enter text: The internet web site address of the person who may be contacted by the applicant to obtain a report from a claims information database (if applicable).
<b>CONTACT INFORMATION</b>	<b>Name(s)</b>	Enter text: The full name of the person who may be contacted by the applicant to obtain a report from a claims information database.
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<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<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).