

Section Name	Field Name	Field and/or Section Description
<p><b>TITLE</b> <b>ACORD 38 (2013/01)</b></p>	<p><b>Notice of Insurance Information Practices (Privacy)</b></p>	<p>The title of the form. ACORD 38, Notice of Insurance Information Practices (Privacy), can be used to satisfy the "Privacy Act" statutes that exist in a number of states.</p> <p>Some states have laws that exceed the requirements of the federal Fair Credit Reporting Act or other more recent federal legislation, or they require policyholder notification at the time of renewal. These laws establish standards for the collection, use and disclosure of information gathered in connection with insurance transactions.</p> <p>In certain states, disclosure of such information is limited, and applicants for insurance must be informed of their rights with respect to:</p> <ul style="list-style-type: none"> <li>* Limitation of disclosure or dissemination of information</li> <li>* Credit scoring information may be used with regard to eligibility for insurance and/or the premium to be charged, and that a third party may be used in connection with the development of the credit score. Additionally, certain states now require the disclosure of information regarding Extraordinary Life Circumstances and their affect on the credit score (see ACORD 66).</li> </ul>

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TITLE		<p>This form may also be used by insurers to provide policyholder notification at time of renewal. In most states, the applicant's signature is not required at renewal. Additional state-specific requirements are responded to by individual supplements. These states are listed below. For specific information about the use of each of these forms, refer to the individual state form information.</p> <ul style="list-style-type: none"> <li>- Arizona: ACORD 38 AZ</li> <li>- California: ACORD 38</li> <li>- Connecticut: ACORD 62 CT</li> <li>- Delaware: ACORD 38 DE</li> <li>- Florida: ACORD 66 FL</li> <li>- Kansas: ACORD 38 KS</li> <li>- Massachusetts: ACORD 38</li> <li>- Minnesota: ACORD 38 MN</li> <li>- New York: ACORD 38 NY</li> <li>- North Carolina: ACORD 66 NC</li> <li>- North Dakota: ACORD 38 ND</li> <li>- Oregon: ACORD 38 OR</li> <li>- Vermont: ACORD 66 VT</li> <li>- Virginia: ACORD 38 VA</li> <li>- West Virginia: ACORD 38 WV</li> </ul>
IDENTIFICATION SECTION	Agency Name	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Agency Address	Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.

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<b>IDENTIFICATION SECTION</b>	<b>Phone (A/C, No, Ext)</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Fax No. (A/C, No, Ext)</b>	Enter number: The fax number of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>E-Mail Address</b>	Enter text: The producer's contact person e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
<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>Applicant's Name and Mailing Address</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address line two.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address city name.
<b>IDENTIFICATION SECTION</b>		Enter text: The applicant's physical address county name.
<b>IDENTIFICATION SECTION</b>		Enter code: The named insured's mailing address state or province code.
<b>IDENTIFICATION SECTION</b>		Enter code: The named insured's mailing address postal code.
<b>IDENTIFICATION SECTION</b>	<b>Phone (A/C, No)</b>	Enter number: The named insured's primary phone number.
<b>IDENTIFICATION SECTION</b>	<b>Company 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>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<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.

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IDENTIFICATION SECTION	Account Number	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
IDENTIFICATION SECTION	Check box - New	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
IDENTIFICATION SECTION	Check box - Renewal	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
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	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
APPLICANT / NAMED INSURED'S SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT / NAMED INSURED'S SIGNATURE	Date (MM/DD/YYYY)	Enter date: The date the form was signed by the named insured.
APPLICANT / NAMED INSURED'S SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT / NAMED INSURED'S SIGNATURE	Date (MM/DD/YYYY)	Enter date: The date the form was signed by the named insured.
APPLICANT / NAMED INSURED'S SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT / NAMED INSURED'S SIGNATURE	Date (MM/DD/YYYY)	Enter date: The date the form was signed by the named insured.
APPLICANT / NAMED INSURED'S SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
APPLICANT / NAMED INSURED'S SIGNATURE	Date (MM/DD/YYYY)	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).