Universal wording updates to improve clarity and intent were made to all FIG text for this form on 04/30/2009.		
Section Name	**Field Name**	**Field and/or Section Description**
TITLE ACORD 38 NY (2005/04)	**New York Personal Insurance Supplement - Notice of Information Practices**	The title of the form. ACORD 38 NY, New York Personal Insurance Supplement - Notice of Information Practices, is used with all personal lines insurance applications, to comply with New York insurance law (Article 28) and Regulation 182. Applicants are required to be notified, in a form separate from the application, that a credit report might be obtained and credit-based scoring used in connection with the insurance being applied for. The name and address of the insurance company, the company's toll free telephone number and the name of the consumer reporting agency must be entered on the form.
IDENTIFICATION SECTION	**Date**	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	**Agency**	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		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	**Code**	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	**Subcode**	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).
IDENTIFICATION SECTION	**Agency Customer ID**	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	**Applicant's Name and Mailing Address**	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.

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IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter text: The applicant's physical address county name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Telephone Number	Enter number: The named insured's primary phone number.
IDENTIFICATION SECTION	Company Name and Address	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		Enter text: The first line of the insurer's mailing address.
IDENTIFICATION SECTION		Enter text: The second line of the insurer's mailing address.
IDENTIFICATION SECTION		Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The state or province of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The postal code of the insurer's mailing address.
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	Toll Free Telephone Number	Enter number: The toll-free telephone number in which named insured may contact the insurer regarding disclosure authorization.
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	New	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
IDENTIFICATION SECTION	Renewal	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.

Section Name	Field Name	Field and/or Section Description
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	Consumer Reporting Agency	Enter text: The code identifies an external source that may be used to provide financial or credit information. For example, a Dun and Bradstreet Number, TRW number, Equifax, Trans-Union, etc.
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	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	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	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	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).