ACORD 39 MD (2016/05) - Maryland Personal Insurance Supplement

ACORD 39 MD, Maryland Personal Insurance Supplement, is used to satisfy Maryland law, that requires that applicants be advised that their credit history will be used as a factor in determining the premium the applicant will be charged for their insurance. If the applicant's premium is adversely affected, the applicant may request a review of their credit history at any time upon request. Credit history information that occurred more than five (5) years prior to the issuance of the policy may not be used.

This supplement must be used with all applications for personal insurance.

Form Page 1

| Section Name | Field Name | Description |
|------------------------|-------------------------------------|--|
| IDENTIFICATION | Agency Customer ID | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |
| IDENTIFICATION | Agency | Enter text: The full name of the producer / agency. |
| IDENTIFICATION | 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 | Named Insured(s) | Enter text: The named insured(s) as it / they will appear on the policy declarations page. |
| IDENTIFICATION | 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 | NAIC Code | Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC). |
| IDENTIFICATION SECTION | Homeowners Insurance | Check the box (if applicable): Indicates the type of policy is homeowners. |
| IDENTIFICATION SECTION | Personal Inland Marine Insurance | Check the box (if applicable): Indicates the type of policy is inland marine. |
| IDENTIFICATION SECTION | Watercraft Insurance | Check the box (if applicable): Indicates the type of policy is watercraft. |
| IDENTIFICATION SECTION | Personal Umbrella Insurance | Check the box (if applicable): Indicates the type of policy is umbrella. |
| IDENTIFICATION SECTION | Dwelling Insurance | Check the box (if applicable): Indicates the type of policy is dwelling fire. |
| IDENTIFICATION SECTION | Personal Auto Insurance | Check the box (if applicable): Indicates the type of policy is automobile. |
| IDENTIFICATION SECTION | Mobile Home Insurance | Check the box (if applicable): Indicates the type of policy is mobile home. |
| IDENTIFICATION SECTION | Personal Lines Package Insurance | Check the box (if applicable): Indicates the type of policy is a personal lines package. |

ACORD 39 MD (2016/05) rev. 04-29-2016 Page 1 of 2

| SIGNATURE Signature of Applicant | Sign here: Accommodates the signature of the applicant or named insured. |
|----------------------------------|--|
|----------------------------------|--|

ACORD 39 MD (2016/05) rev. 04-29-2016 Page 2 of 2