

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 39 NY (2011/03)	New York Insurance Supplement	The title of the form. ACORD 39 NY, New York Insurance Supplement, complies with New York State Insurance Department Regulation No.194, the purpose of which is to protect the interests of the public by establishing minimum disclosure requirements relating to the role of insurance producers and the compensation paid to insurance producers. The Producer Compensation Disclosure must be provided to the Applicant with all applications for insurance in the State of New York.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Address Line 1	Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION	Address Line 2	Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION	Zip	Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Phone	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax	Enter number: The fax number 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	Sub Code	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	Applicant	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Address Line 1	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	Address Line 2	Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION	City	Enter text: The named insured's mailing address city name.

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IDENTIFICATION SECTION	State	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	Zip	Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Name of Individual Producer	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Email Address	Enter text: The producer's contact person e-mail address.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).