

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 60 LA (4/98)	Louisiana Dwelling Supplement - Loss Settlement - For use with DWG 1	<p>The title of the form. ACORD 60 LA, Louisiana Dwelling Supplement Loss Settlement - For use with DWG 1, complies with Louisiana law which provides that, in cases of total loss to "inanimate, immovable property", the limit of insurance used to determine the premium charge will be the amount used by the insurance company to calculate the loss payment, without any "deduction or offset, unless a different method is used in the computation of loss". If a different method is used, both the policy and the application for insurance must state the actual method of loss settlement.</p> <p>The language in ACORD 60 LA is the language recommended by the Property Insurance Association of Louisiana for use with applications for Dwelling 1 coverage. Use ACORD 60 LA with ACORD 89, Residential Section. ACORD 89 must be used in conjunction with ACORD 88, Personal Insurance Application, Applicant Information Section.</p> <p>Note this form is now mandatory when submitting applications for this type of coverage to either the Louisiana Joint Reinsurance Plan or the Louisiana Insurance Underwriting Plan.</p>
IDENTIFICATION SECTION		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).

Section Name	Field Name	Field and/or Section Description
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.
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	FEIN or Social Security #	Enter identifier: The tax identifier of the named insured.
IDENTIFICATION SECTION	Company	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	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	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.
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.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.

Section Name	Field Name	Field and/or Section Description
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.). by all companies to issue Certificates. This is required in most states.
SIGNATURE	Date	Enter date: The date the producer signed the form.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).