

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 62 CT (2011/07)	Connecticut Personal Insurance Supplement	The title of the form. ACORD 62 CT, Connecticut Personal Insurance Supplement, should be used to comply with Connecticut Summary of Consumer Protections (Credit Scoring) Disclosure Requirements. Insureds' credit scores may be obtained and reported by a third-party to insurers for use of determining eligibility for insurance and/or premium charges. Insureds have the right to provide additional information to insurers about Extraordinary Life Circumstances which may have affected their credit scores. Connecticut has state-specific provisions regarding disclosure of Extraordinary Life Circumstances. Use this form to comply with Connecticut Disclosure requirements. ACORD 38 and/or ACORD 66 may be used for all other states that have general Extraordinary Life Circumstances Disclosure Requirements.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
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	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	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Telephone Number of Carrier	Enter number: The primary phone number of the insurer.
IDENTIFICATION SECTION	Toll-Free Telephone Number of Carrier	Enter number: The insurance carrier's toll-free telephone number.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier 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	ADDRESS LINE 1	Enter text: The first line of the insurer's mailing address.
IDENTIFICATION SECTION	ADDRESS LINE 2	Enter text: The second line of the insurer's mailing address.

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IDENTIFICATION SECTION	CITY	Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION	STATE	Enter code: The state or province of the insurer's mailing address.
IDENTIFICATION SECTION	ZIP	Enter code: The postal code of the insurer's mailing address.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
FINANCIAL HISTORY MEASUREMENT PROGRAM	Program Details	Enter text: The details about how the insurer's financial history measurement program uses credit information to underwrite and rate personal insurance policies in the state of CT.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
SIGNATURE	Applicant/Named Insured 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.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).