

**Universal wording updates to improve clarity and intent were made to all FIG text for this form on 11/13/2009.**

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 62 IL (2007/08)</b>	<b>Illinois Property Supplement - Notice of Availability of Earthquake Insurance</b>	The title of the form. ACORD 62 IL, Illinois Property Supplement - Notice of Availability of Earthquake Insurance, is used as required by Illinois law, to provide a notice of availability of earthquake insurance to applicants for homeowners insurance with property located in the New Madrid Seismic Zone, as defined by the U.S. Geological Survey in Illinois.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Applicant (First Name Insured)</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>INFORMATION</b>	<b>Does not cover loss by earthquake-Check Box</b>	Check the box (if applicable): Indicates the policy has no earthquake coverage.
<b>INFORMATION</b>	<b>Limited coverage for loss by earthquake-Check Box</b>	Check the box (if applicable): Indicates earthquake coverage applies to the policy.
<b>INFORMATION</b>	<b>Describe Limits-Blank Field</b>	Enter text: The description of the earthquake coverage.
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<b>INFORMATION</b>	<b>Describe Limits-Blank Field</b>	Enter text: The description of the earthquake coverage.
<b>SIGNATURE</b>	<b>Applicant Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).