

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
TITLE ACORD 62 MO (2007/08)	Missouri Property Supplement - Notice of Availability of Earthquake Insurance	The title of the form. ACORD 62 MO, Missouri Property Supplement - Notice of Availability of Earthquake Insurance, is required by Missouri 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 Missouri.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Applicant / Name Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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	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 SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
INFORMATION	Does not cover loss by earthquake-Check Box	Check the box (if applicable): Indicates the policy has no earthquake coverage.
INFORMATION	Limited coverage for loss by earthquake-Check Box	Check the box (if applicable): Indicates earthquake coverage applies to the policy.
INFORMATION	Describe Limits-Blank Field	Enter text: The description of the earthquake coverage.
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INFORMATION	Describe Limits-Blank Field	Enter text: The description of the earthquake coverage.
SIGNATURE	Applicant 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).