

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 64 NC (2008/04)	North Carolina Property Supplement - Property Insurance Disclosure Notice	Use ACORD 64 NC, North Carolina Property Supplement, to comply with North Carolina regulation that requires advice to all property insurance applicants that: <ul style="list-style-type: none"> - their property insurance policy does not protect them against losses from floods - their property insurance policy does not protect them against losses from earthquakes, mudslides, mudflows or landslides
IDENTIFICATION SECTION	Agency Customer ID	Customer's identification number assigned by the agency or brokerage.
IDENTIFICATION SECTION	Agency	Producer's name.
IDENTIFICATION SECTION	Policy Number	The number assigned by the insurance company for the policy. In general, policy numbers will not appear on new business applications since they are not known at that point in time.
IDENTIFICATION SECTION	Carrier	Name of the insurance company (or residual market plan) that will receive the application. Do not use group names, use the actual name of the company within the group in which you wish to have the policy issued.
IDENTIFICATION SECTION	NAIC Code	The identification code assigned to the company by the NAIC.
IDENTIFICATION SECTION	Applicant / Named Insured(s)	Full name of the applicant as it should appear on the policy. The First Named Insured is given certain rights and responsibilities by the policy contract language. If more than one insured is named, be sure the one intended to receive these rights and responsibilities is named first and any additional insureds identified as such. If joint ownership, the name used may include both names (e.g., John and Mary Smith).
DISCLOSURE	Check Box 1 - Warning: This property insurance policy does not protect you against losses from floods	Check if applicable.
DISCLOSURE	Check Box 2 - Warning: This property insurance policy does not protect you against losses from earthquakes, mudslides, mudflows or landslides	Check if applicable.
DISCLOSURE	Telephone Number of Agent	Enter the telephone number of the agent, include area code and extension (if applicable)

DISCLOSURE	Telephone Number of Company / Association	Enter the telephone number of the company or association, include area code and extension (if applicable)
DISCLOSURE	Applicant / Named Insured Signature	Applicant / Named Insured must sign the application.
DISCLOSURE	Date	Date the application was completed. (MM/DD/YYYY)