

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 64 SC (2008/03)	South Carolina Personal Property Supplement - Cancellation Rules Disclosure	ACORD 64 SC, South Carolina Personal Property Supplement, complies with South Carolina law affecting applicants for homeowners, mobile homeowners, and dwelling fire policies. These applicants must be advised that the insurer can cancel the policy without cause during the first one hundred twenty (120) days, and that cancellation thereafter can only be for reasons stated in the policy. Use with ACORD 88, Personal Insurance Application and ACORD 89, Residential Section. NOTE: South Carolina law provides that for personal auto policies the insurer can cancel the policy during the first ninety (90) days. ACORD 90 SC, the personal auto application, provides this disclosure.
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).
CANCELLATION DISCLOSURE	Applicant's Signature	Applicant / Named Insured must sign the application.
CANCELLATION DISCLOSURE	Date	Date the application was completed. (MM/DD/YYYY)
CANCELLATION DISCLOSURE	Effective Date	Enter the effective date of the policy. (MM/DD/YYYY)