

ACORD 64 US (2015/01) - Insurance Supplement - Workers Compensation Only

ACORD 64 US, Insurance Supplement - Workers' Compensation Only, Policyholder Disclosure, Notice of Terrorism Insurance Coverage, may be used as permitted by state law. The form complies with requirements of the federal Terrorism Risk Insurance Program Reauthorization Act of 2015.

This form discloses the following information:

- * Coverage for losses resulting from acts of terrorism certified under the federal program are included in the policy;
 - * The applicant / insured(s) must sign the form; and
 - * The portion of premium attributable for this coverage.
- Use ACORD 60 US with respect to other lines of insurance covered by the Act.
 - Use ACORD 62 US with respect to property insurance in Standard Fire Policy states.

IMPORTANT:

INSURERS INTENDING TO USE THIS FORM SHOULD DETERMINE IF FILINGS ARE REQUIRED IN ORDER TO COMPLY WITH INDIVIDUAL STATE REGULATIONS.

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Section Name	Field Name	Description
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	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 National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Applicant / Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
DISCLOSURE OF PREMIUM	Premium (\$)	Enter amount: The premium amount applicable to terrorism coverage.
SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Print Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.

SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Print Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Print Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)