

ACORD 66 MS (2016/11) - Mississippi Insurance Supplement

ACORD 66 MS, Mississippi Insurance Supplement, Important Notice About the Policy of Insurance for Which You Have Applied, was developed as a result of a Circuit Court of Appeals ruling. To ensure that insurance consumers in the State of Mississippi are adequately protected, the Mississippi Insurance Department published Departmental Guidelines and Requirements for Approval of Binding Arbitration Provisions in Insurance Policies. The purpose of the document was to set forth certain internal guidelines and requirements which must be met in order for the Mississippi Insurance Department of Insurance to approve policy filings containing binding arbitration provisions. ACORD 66 MS complies with these guidelines. ACORD 66 MS must be signed by the applicant if the insurance company issuing the policy requires policy related disputes be resolved by binding arbitration.

Form Page 1

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	Producer	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	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
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).
IMPORTANT NOTICE	Toll-Free Number	Enter number: The insurance carrier's toll-free telephone number.
SIGNATURE	Applicant / Insured	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Time	Enter time: The time the form was signed by the named insured.
SIGNATURE	Agent	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Date	Enter date: The date the producer signed the form.
SIGNATURE	Time	Enter time: The time the producer signed the form.