

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> ACORD 67 DE (2012/01)	<b>Delaware Insurance Supplement</b>	The title of the form. ACORD 67 DE, Delaware Insurance Supplement, Delaware Notice Regarding Civil Unions, complies with Delaware law which provides that the parties to a civil union shall have all of the same rights, protections and benefits, and shall be subject to the same responsibilities, obligations and duties, under Delaware law as are granted to, enjoyed by, or imposed upon married spouses. ACORD 67 DE must be used with all applications for insurance in the state of Delaware and can also be used to provide current policyholders with the required disclosures under the new law.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Named Insured(s)</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Cide</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>NOTICE</b>	<b>Applicant / Named Insured Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>NOTICE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>NOTICE</b>	<b>Applicant / Named Insured Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>NOTICE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).