

ACORD 67 (2017/01) - ILLINOIS / INDIANA / KENTUCKY / WEST VIRGINIA MINE SUBSIDENCE

ACORD 67, Illinois / Indiana / Kentucky / West Virginia Mine Subsidence Property Insurance Supplement, is used to comply with state laws in Illinois, Indiana, Kentucky and West Virginia which require that mine subsidence insurance coverage must be provided to dwelling insureds located in specified counties, unless the insured rejects coverage in writing.

Form Page 1

| Section Name | Field Name | Description |
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| 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 | Applicant / Named Insured | Enter text: The named insured(s) as it / they will appear on the policy declarations page. |
| 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 | 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 | Expiration Date | Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) |
| WAIVE MINE SUBSIDENCE COVERAGE | I do not desire Mine Subsidence Coverage | Check the box (if applicable): Indicates the named insured rejects mine subsidence coverage. As used here, indicates the named insured does not desire mine subsidence coverage and waives any right to such coverage under this policy or any future policy covering the property described in the Declarations, unless requested in writing. |
| PURCHASE MINE SUBSIDENCE COVERAGE | I wish to Purchase Mine Subsidence Coverage | Check the box (if applicable): Indicates the named insured accepts mine subsidence coverage. As used here, indicates the named insured wishes to purchase mine subsidence coverage for the structure at the limit listed below. |
| LIMIT | Limit | Enter limit: The limit for mine subsidence coverage. |
| PURCHASE ADDITIONAL LIVING EXPENSE COVERAGE | I wish to purchase Additional Living Expense Coverage | Check the box (if applicable): Indicates the named insured desires additional living expense coverage. As used here, applicable only in Indiana. |

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| LIMIT | Limit | Enter limit: The limit for additional living expense coverage. As used here, applicable only in Indiana. |
| WAIVE ADDITIONAL LIVING EXPENSE COVERAGE | I wish to waive Additional Living Expense Coverage. | Check the box (if applicable): Indicates the named insured has waived additional living expense coverage. As used here, applicable only in Indiana. |
| SIGNATURE | Applicant's Signature | Sign here: Accommodates the signature of the applicant or named insured. |
| DATE | Date | Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY) |