

ACORD 68 (2016/06) - Electronic Delivery Supplement

ACORD 68, Electronic Delivery Supplement, may be used to obtain consent from insureds prior to engaging in any electronic delivery of insurance policies and/or supporting documents in connection with the policy. The insured has the right to select electronic delivery, select electronic delivery and paper delivery, reject electronic delivery or withdraw a prior consent if the insured no longer wants to receive electronic delivery of the insurance policy and/or supporting documents in connection with the insurance policy.

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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	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
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	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	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 (First Name Insured)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
ELECTRONIC SELECTION / REJECTION OPTION FORM	Selection of Electronic Insurance Policy Delivery Option	Check the box (if applicable): Indicates the insured has selected the option to receive documents in connection with the insurance policy through electronic delivery and acknowledges that paper copies will no longer be received.
SELECTION OF ELECTRONIC INSURANCE POLICY DELIVERY OPTION	Insurance Policy	Check the box (if applicable): Indicates the insured has selected the Insurance Policy to be delivered electronically.
SELECTION OF ELECTRONIC INSURANCE POLICY DELIVERY OPTION	Identification Card	Check the box (if applicable): Indicates the insured has selected the Identification Card to be delivered electronically.

SELECTION OF ELECTRONIC INSURANCE POLICY DELIVERY OPTION	Notices of Cancellation	Check the box (if applicable): Indicates the insured has selected Notices of Cancellation to be delivered electronically.
SELECTION OF ELECTRONIC INSURANCE POLICY DELIVERY OPTION	Notices of Non-Renewal	Check the box (if applicable): Indicates the insured has selected Notices of Nonrenewal to be delivered electronically.
SELECTION OF ELECTRONIC INSURANCE POLICY DELIVERY OPTION	Other supporting documents in connection with my insurance policy	Check the box (if applicable): Indicates the insured has selected the delivery of other supporting documents in connection with the insurance policy.
ELECTRONIC SELECTION / REJECTION OPTION FORM	Selection of Electronic Delivery and Paper Delivery Option	Check the box (if applicable): Indicates the insured has selected the option to receive both electronic and paper copies of the insurance policy and/or supporting documents in connection with the insurance policy.
ELECTRONIC SELECTION / REJECTION OPTION FORM	Rejection of Electronic Delivery Option	Check the box (if applicable): Indicates the insured has rejected the option to receive the insurance policy and/or supporting documents in connection with the insurance policy electronically.
ELECTRONIC SELECTION / REJECTION OPTION FORM	Withdrawal of Consent of Electronic Delivery	Check the box (if applicable): Indicates the insured has withdrawn any previous consent of electronic delivery of the insurance policy and/or other supporting documents in connection with the insurance policy.
ELECTRONIC DELIVERY DISCLOSURE	Name of Recipient to Receive Insurance Policy and/or Other Supporting Documents via e-mail	Enter text: The full name of the contact. As used here, the name of the recipient to receive insurance policy and/or other supporting documents via e-mail.
ELECTRONIC DELIVERY DISCLOSURE	Relationship to Named Insured	Enter code: The relationship of the contact to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
ELECTRONIC DELIVERY DISCLOSURE	E-mail Address of Recipient	Enter text: The contact's primary e-mail address. As used here, the e-mail address of the recipient to receive insurance policy and/or other supporting documents via e-mail.
ELECTRONIC DELIVERY DISCLOSURE	Applicant / Named Insured Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, signature not required but suggested at time of application.
ELECTRONIC DELIVERY DISCLOSURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)