

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 68 MD (2007/01)	Maryland Personal Property Supplement Statement Regarding Flood Insurance	Use this form with every application for homeowners, dwelling and mobile home insurance to comply with Maryland state law that requires that such applicants must be advised that the policy does not cover losses caused by flood.
IDENTIFICATION SECTION	Date	Month/day/year (MM/DD/YYYY) on which the form is completed.
IDENTIFICATION SECTION	Agency	Producer's name and address.
IDENTIFICATION SECTION	Code	Identification code assigned to the agency or brokerage firm by the insurance company receiving this form.
IDENTIFICATION SECTION	Sub Code	If the agency or brokerage uses a sub-code identification system with the company, enter the appropriate code.
IDENTIFICATION SECTION	Agency Customer ID	Customer's identification number assigned by the agency or brokerage.
IDENTIFICATION SECTION	Applicant/Named Insured	<p>Full name of the applicant as it should appear on the policy. The First Named Insured is given certain rights and responsibilities by the policy contract language. If more than one insured is named, be sure the one intended to receive these rights and responsibilities is named first and any additional insureds identified as such. If joint ownership, the name used may include both names (e.g., John and Mary Smith). Provide the physical address, not a P.O. Box, at which the first named insured is to receive all mail.</p> <p>Address should include: Street number, if any; Pre-direction, if any (example: 150 N Central Ave); Street name, if any; Street type (e.g.: st, rd, ave) ; Post-direction, if any (e.g.: 150 Central Ave N); City; County; State; ZIP code</p> <p>If the address does not have a street number and name, provide sufficient information and directions so that the property can be physically located. Provide legal description if required by the mortgage holder.</p>
IDENTIFICATION SECTION	Telephone Number	Telephone number at which the applicant may be reached. Include area code and extension, if applicable.
IDENTIFICATION SECTION	Company	Name of the insurance company (or residual market plan) that will receive the application. Do not use group names, use the actual name of the company within the group in which you wish to have the policy issued.
IDENTIFICATION SECTION	Account Number	Indicate account number, if applicable.

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IDENTIFICATION SECTION	Policy #	The number assigned by the insurance company for the policy. In general, policy numbers will not appear on new business applications since they are not known at that point in time.
IDENTIFICATION SECTION	Check Boxes	Check if the policy is new or a renewal.
IDENTIFICATION SECTION	Effective Date	Date (MM/DD/YYYY) on which the terms and conditions of the policy will commence.
IDENTIFICATION SECTION	Expiration Date	Date (MM/DD/YYYY) on which the terms and conditions of the policy will terminate unless renewed.