

| Section Name | Field Name | Field and/or Section Description |
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| TITLE 69 MA (2010/07) | Liquid Fuel Supplement | The title of the form. ACORD 69 MA, Massachusetts Residential Property Liquid Fuel Spill Supplement, complies with Massachusetts law which requires that owners of a 1 to 4 family residential property must be offered property coverage for the costs associated with the remediation of an oil spill from an above ground liquid fuel storage tank that is installed in accordance with Massachusetts law, provided that all remediation steps required by law or regulation have been taken. |
| 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 | 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. |
| IDENTIFICATION SECTION | Named Insured/Applicant | 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 NAIC. |
| COVERAGE SECTION | 50,000 min coverage indicator | Check the box (if applicable): Indicates \$50,000 liquid fuel remediation costs coverage is requested. |
| COVERAGE SECTION | Other amount Indicator | Check the box (if applicable): Indicates another other amount is requested for liquid fuel remediation costs. |
| COVERAGE SECTION | Other amount | Enter Limit: The other coverage limit. |
| COVERAGE SECTION | Other amount Indicator | Check the box (if applicable): Indicates another other amount is requested for liquid fuel remediation costs. |
| COVERAGE SECTION | Other amount | Enter Limit: The other coverage limit. |
| COVERAGE SECTION | 200,000 min coverage indicator | Check the box (if applicable): Indicates \$200,000 liquid fuel remediation costs coverage is requested. |
| COVERAGE SECTION | Other coverage amount indicator | Check the box (if applicable): Indicates another other amount is requested for liquid fuel remediation costs. |
| COVERAGE SECTION | Other amount | Enter Limit: The other coverage limit. |

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| COVERAGE SECTION | Other amount Indicator | Check the box (if applicable): Indicates another other amount is requested for liquid fuel remediation costs. |
| COVERAGE SECTION | Other amount | Enter Limit: The other coverage limit. |
| COVERAGE SECTION | 1,000 deductible indicator | Check the box (if applicable): Indicates a \$1,000 liquid fuel deductible has been selected. |
| COVERAGE SECTION | Other deductible amount indicator | Check the box (if applicable): Indicates another liquid fuel deductible in another amount has been selected. |
| COVERAGE SECTION | Other deductible amount | Enter Limit: The other liquid fuel deductible amount. |
| COVERAGE SECTION | Other deductible amount indicator | Check the box (if applicable): Indicates another liquid fuel deductible in another amount has been selected. |
| COVERAGE SECTION | Other deductible amount | Enter Limit: The other liquid fuel deductible amount. |
| SIGNATURES | Signature | Sign here: Accommodates the signature of the applicant or named insured. |
| SIGNATURES | Signature Date | Enter date: The date the form was signed by the named insured. |
| Edition | Date | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM). |