

ACORD 69 MD (2013/10) - Maryland Insurance Supplement

ACORD 69 MD, Maryland Insurance Supplement Notice of Underwriting Period, should be used with all applications for personal auto, homeowners, dwelling, commercial property or commercial liability insurance to comply with Maryland law that requires disclosure of a 45- day underwriting period, during which time the company may cancel the insurance if the risk does not meet the company's underwriting requirements, or recalculate the premium if the insurer discovers a material risk factor during this period.

Form Page 1

| Section Name | Field Name | Description |
|------------------------|--------------------------------|--|
| IDENTIFICATION SECTION | Date | Enter date: The date on which the form is completed. |
| IDENTIFICATION SECTION | Producer Name | Enter text: The full name of the producer / agency. |
| IDENTIFICATION SECTION | Address Line 1 | Enter text: The mailing address line one of the producer / agency. |
| IDENTIFICATION SECTION | Address Line 2 | Enter text: The mailing address line two of the producer / agency. |
| IDENTIFICATION SECTION | City | Enter text: The mailing address city name of the producer / agency. |
| IDENTIFICATION SECTION | State | Enter code: The mailing address state or province code of the producer / agency. |
| IDENTIFICATION SECTION | Zip | Enter code: The mailing address postal code of the producer / agency. |
| IDENTIFICATION SECTION | Code | Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer. |
| IDENTIFICATION SECTION | Subcode | Enter code: The identification code assigned by the insurer to the sub-producer (e.g., person) within a producer's office (e.g., agency or brokerage). |
| IDENTIFICATION SECTION | Agency Customer ID | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |
| IDENTIFICATION SECTION | Named Insured/Applicant's Name | Enter text: The named insured(s) as it/they will appear on the policy declarations page. |
| IDENTIFICATION SECTION | Address Line 1 | Enter text: The named insured's mailing address line one. |
| IDENTIFICATION SECTION | Address Line 2 | Enter text: The named insured's mailing address line two. |
| IDENTIFICATION SECTION | City | Enter text: The named insured's mailing address city name. |
| IDENTIFICATION SECTION | County | Enter text: The applicant's physical address county name. |
| IDENTIFICATION SECTION | State | Enter code: The named insured's mailing address state or province code. |
| IDENTIFICATION SECTION | Zip | Enter code: The named insured's mailing address postal code. |
| IDENTIFICATION SECTION | Phone Number | Enter number: The named insured's primary phone number. |

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| IDENTIFICATION SECTION | Company | 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 | Account Number | Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number. |
| 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 | New | Check the box (if applicable): Indicates the response expected from the company is a new issued policy. |
| IDENTIFICATION SECTION | Renewal | Check the box (if applicable): Indicates the response expected from the company is a renewed policy. |
| 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 | Expiration Date | Enter date: The date on which the terms and conditions of the policy will expire. |
| SIGNATURE | Signature | Sign here: Accommodates the signature of the applicant or named insured. |
| SIGNATURE | Date | Enter date: The date the form was signed by the named insured. |