

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 99 (2009/02)	Accidents / Convictions Schedule	The title of the form. ACORD 99, Accidents / Convictions Schedule, is used as an attachment to the ACORD Personal Auto Application (90s) or other forms, when more space is required for accidents and convictions.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Page _	Enter number: The page number applicable to this page.
IDENTIFICATION SECTION	Of _	Enter number: The total number of pages applicable to this form (e.g., Page 1 of 4). If only one page, indicate Page 1 of 1.
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(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page. As used here, 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).
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.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
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ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction. As used here, includes both the applicant's and all claimant's combined damages. Refer to company manual.
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IDENTIFICATION SECTION	Initials	Initial here: The named insured's initials.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).