

## ACORD 60 KY (2015/09) - Kentucky Auto Supplement

ACORD 60 KY, Kentucky Auto Supplement, Rejection of Uninsured / Underinsured Motorist Coverage, is used when Uninsured and/or Underinsured Motorist coverage is rejected by the applicant. Applicant(s) / Named Insured(s) must sign the supplement. Use with ACORD personal auto and commercial auto applications and sections.

### Form Page 1

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	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
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	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).
REJECTION OF UNINSURED / UNDERINSURED MOTORIST COVERAGE	Uninsured Motorist Rejection	Check the box (if applicable): Indicates uninsured motorists coverage has been rejected by the named insured.
REJECTION OF UNINSURED / UNDERINSURED MOTORIST COVERAGE	Underinsured Motorist Rejection	Check the box (if applicable): Indicates underinsured motorists coverage has been rejected by the named insured.
SIGNATURE	Signature of Applicant / Named Insured	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Signature of Applicant / Named Insured	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Signature of Applicant / Named Insured	Sign here: Accommodates the signature of the applicant or named insured.

<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Signature of Applicant / Named Insured</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)