

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 60 OK (2009/11)	Oklahoma Auto Supplement Oklahoma Uninsured Motorists Coverage Law	<p>The title of the form. ACORD 60 OK, Oklahoma Auto Supplement, Oklahoma Uninsured Motorists Coverage Law, is used to satisfy an Oklahoma law that requires every applicant for auto insurance must:</p> <ul style="list-style-type: none"> * Be given a copy of the text in ACORD 60 OK-1 that explains Uninsured Motorists coverage * Make option choices, including coverage rejection, by selecting among the options included in 60 OK-1 * Page 2 of the form (60 OK-2) is applicable for Single Limit Liability * Every named insured in the policy must sign this form <p>Use 60 OK-1 or 60 OK-2 with ACORD 90 OK, and all commercial auto applications.</p>
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 #	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.
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.
UNINSURED MOTORIST COVERAGE	I want the same amount of Uninsured Motorist coverage as my bodily injury liability coverage	Initial here: The named insured's initials. As used here, indicates the proposed insured has selected uninsured motorists split limits equal to their bodily injury coverage.

Section Name	Field Name	Field and/or Section Description
UNINSURED MOTORIST COVERAGE	I want minimum Uninsured Motorist Coverage	Initial here: The named insured's initials. As used here, indicates the proposed insured has selected uninsured motorists split limits of \$25,000 per accident / \$50,000 per occurrence.
UNINSURED MOTORIST COVERAGE	I want Uninsured Motorist Coverage in the following amount:	Initial here: The named insured's initials. As used here, indicates the proposed insured has selected uninsured motorists split limits listed below.
UNINSURED MOTORIST COVERAGE	Uninsured Motorist Per Person (\$)	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
UNINSURED MOTORIST COVERAGE	Uninsured Motorist Per Occurrence (\$)	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
UNINSURED MOTORIST COVERAGE	Reject Uninsured Motorist Coverage	Initial here: The named insured's initials. As used here, indicates the proposed insured has rejected uninsured motorists coverage.
UNINSURED MOTORIST COVERAGE	Proposed Insured	Sign here: Accommodates the signature of the applicant or named insured.
UNINSURED MOTORIST COVERAGE	Proposed Insured	Sign here: Accommodates the signature of the applicant or named insured.
UNINSURED MOTORIST COVERAGE	Date	Enter date: The date the form was signed by the named insured.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	Agency	Enter text: The full name of the producer/agency.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	Policy #	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.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	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.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.

Section Name	Field Name	Field and/or Section Description
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	I want the same amount of Uninsured Motorist coverage as my bodily injury liability coverage	Initial here: The named insured's initials. As used here, indicates the proposed insured has selected uninsured motorists combined single limit equal to their bodily injury coverage.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	I want minimum Uninsured Motorist Coverage	Initial here: The named insured's initials. As used here, indicates the proposed insured has selected minimum uninsured motorists combined single limit coverage of \$50,000 per accident.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	Uninsured Coverage in the following amount	Initial here: The named insured's initials. As used here, indicates the proposed insured has selected uninsured motorists combined single limit other than those listed.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	Uninsured Motorist Per Accident (\$)	Enter limit: The uninsured motorists combined single limit per accident limit amount.
UNINSURED MOTORIST COVERAGE SINGLE LIMIT	Reject Uninsured Motorist Coverage	Initial here: The named insured's initials. As used here, indicates the proposed insured has rejected uninsured motorists coverage.
SIGNATURE	Proposed Insured	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Proposed Insured	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.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).