

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 07/10/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 60 VA (8/94)	Virginia Auto Supplement, Rental Reimbursement Coverage	The title of the form. ACORD 60 VA, Virginia Auto Supplement, Rental Reimbursement Coverage, satisfies a Virginia law, effective July 1, 1994, that requires every applicant for auto collision or comprehensive coverage, and every policyholder with either or both of these coverages, must receive a written offer of the option of purchasing Rental Reimbursement Coverage. Use ACORD 60 VA to comply with this requirement.
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		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	Applicant/Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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	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.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).