

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 61 SD (2013/02)</b>	<b>South Dakota Personal Umbrella Supplement</b>	<p>The title of the form. ACORD 61 SD, South Dakota Personal Umbrella Supplement, complies with South Dakota Department of Labor and Regulation Bulletin 13-01, dated February 19, 2013, which requires that insurers provide all applicants for personal umbrella insurance with disclosures regarding the availability or unavailability of Uninsured Motorist (UM) and Underinsured Motorist (UIM) coverage under the policy, prior to policy issuance. If UM / UIM coverage is optional, prominent disclosure that UM / UIM will not be covered unless that specific option is chosen is required.</p> <p>The applicant is not required to sign the form, but obtaining an applicant's signature is a best practice to evidence proper notification to the applicant.</p> <p>Although this form is not required to be filed in South Dakota, it is mandatory for use with ACORD 83 or ACORD 283.</p>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Producer</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Policy #</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Named Insured(s)</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	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.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>UNINSURED MOTORIST (UM) COVERAGE</b>	<b>UM Coverage Is Available (checkbox)</b>	Check the box (if applicable): Indicates that uninsured motorists coverage is available.
<b>UNINSURED MOTORIST (UM) COVERAGE</b>	<b>UM Coverage Is Not Available (checkbox)</b>	Check the box (if applicable): Indicates that uninsured motorists coverage is not available.
<b>UNINSURED MOTORIST (UM) COVERAGE</b>	<b>UM Coverage Is Optional (checkbox)</b>	Check the box (if applicable): Indicates that uninsured motorist coverage is optional for the policy for which the applicant is applying.

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<b>UNDERINSURED MOTORIST (UIM) COVERAGE</b>	<b>UIM Coverage Is Available (checkbox)</b>	Check the box (if applicable): Indicates that underinsured motorists coverage is available.
<b>UNDERINSURED MOTORIST (UIM) COVERAGE</b>	<b>UIM Coverage Is Not Available (checkbox)</b>	Check the box (if applicable): Indicates that underinsured motorists coverage is not available.
<b>UNDERINSURED MOTORIST (UIM) COVERAGE</b>	<b>UIM Coverage Is Optional (checkbox)</b>	Check the box (if applicable): Indicates that underinsured motorist coverage is optional for the policy for which the applicant is applying.
<b>SIGNATURE</b>	<b>Insured Signature</b>	Sign here: Accommodates the signature of the applicant or named insured. As used here, signature not required but suggested at time of application.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).