

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 01/15/2010.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 62 MD (1/98)	Maryland Commercial Auto Supplement	The title of the form. ACORD 62 MD, Maryland Commercial Auto Supplement, provides information relating to Personal Injury Protection coverage with respect to Commercial Auto Insurance. Use with ACORD commercial auto applications when the applicant elects to waive Personal Injury Protection coverages.
IDENTIFICATION SECTION	Producer	Enter text: The full name 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.
WAIVER OF PERSONAL INJURY PROTECTION COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE	Amount	Enter amount: The premium associated with personal injury protection (PIP) coverage.
WAIVER OF PERSONAL INJURY PROTECTION COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE	Percent	Enter percentage: The percentage the premium for Personal Injury Protection (PIP) coverage will be reduced if partial PIP coverage is selected.

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WAIVER OF PERSONAL INJURY PROTECTION COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE	Amount	Enter amount: The premium associated with personal injury protection (PIP) coverage.
WAIVER OF PERSONAL INJURY PROTECTION COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE	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.
WAIVER OF PERSONAL INJURY PROTECTION COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE	Signature of First Named Applicant	Sign here: Accommodates the signature of the applicant or named insured.
WAIVER OF PERSONAL INJURY PROTECTION COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE	Date	Enter date: The date the form was signed by the named insured.
WAIVER OF PERSONAL INJURY PROTECTION COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE	Title	Enter number: The title of the contact for the named insured.
WAIVER OF PERSONAL INJURY PROTECTION COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE	Company Name	Enter text: The named insured(s) as it/they will appear on the policy declarations page.

Section Name	Field Name	Field and/or Section Description
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).