

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 62 PA (2012/10)	Pennsylvania Auto Supplement	<p>The title of the form. ACORD 62 PA, Pennsylvania Auto Supplement, Underinsured Motorist Coverage Selection / Rejection, provides for selection or rejection of Underinsured Motorist Coverage.</p> <p>According to Pennsylvania law, this form must be separate from any other form.</p> <p>Use ACORD 62 PA with 90 PA, and all commercial auto applications.</p> <p>The Pennsylvania Insurance Department no longer requires insurers using this form to file it with the Department before use.</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	Applicant (First Name Insured)	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 NAIC.
REJECTION OF UNDERINSURED MOTORIST PROTECTION	Reject Underinsured Motorist Protection Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured has rejected underinsured motorist coverage for themselves and all relatives residing in their household.
REJECTION OF UNDERINSURED MOTORIST PROTECTION	Date	Enter date: The date the form was signed by the named insured.
SELECTION OF UNDERINSURED MOTORIST PROTECTION	Select Underinsured Motorist Protection (\$)	Enter limit: The underinsured motorists combined single limit per accident limit amount.
SELECTION OF UNDERINSURED MOTORIST PROTECTION	Select Underinsured Motorist Protection (\$)	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount

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SELECTION OF UNDERINSURED MOTORIST PROTECTION	Select Underinsured Motorist Protection (\$)	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
SELECTION OF UNDERINSURED MOTORIST PROTECTION	Select Underinsured Motorist Protection Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured has accepted underinsured motorist coverage.
SELECTION OF UNDERINSURED MOTORIST PROTECTION	Date	Enter date: The date the form was signed by the named insured.
RETAIN STACKING OF UNDERINSURED MOTORIST COVERAGE	1. Retain stacking. Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured wants to retain stacking of their underinsured motorist coverage.
RETAIN STACKING OF UNDERINSURED MOTORIST COVERAGE	Date	Enter date: The date the form was signed by the named insured.
REJECTION OF STACKED LIMITS FOR UNDERINSURED MOTORIST COVERAGE	2. Reject Stacking and choose non-stacked. Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured has rejected stacking and selects non-stacked underinsured motorist coverage.
REJECTION OF STACKED LIMITS FOR UNDERINSURED MOTORIST COVERAGE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Effective Date	Enter date: The effective date of the underinsured motorists coverage.
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).