

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 64 NY (2008/06)	New York Auto Supplement	ACORD 64 NY, New York Auto Supplement, complies with New York state law, which requires that Supplementary Uninsured / Underinsured Motorists insurance coverage must be offered to all policyholders in New York state. Most of the text in this form is from NY Regulation 35-D, third amendment.
IDENTIFICATION SECTION	Agency Customer ID	Customer's identification number assigned by the agency or brokerage.
IDENTIFICATION SECTION	Agency	Producer's name.
IDENTIFICATION SECTION	Policy Number	The number assigned by the insurance company for the policy. In general, policy numbers will not appear on new business applications since they are not known at that point in time.
IDENTIFICATION SECTION	Carrier	Name of the insurance company (or residual market plan) that will receive the application. Do not use group names, use the actual name of the company within the group in which you wish to have the policy issued.
IDENTIFICATION SECTION	NAIC Code	The identification code assigned to the company by the NAIC.
IDENTIFICATION SECTION	Named Insured(s)	Full name of the applicant as it should appear on the policy. The First Named Insured is given certain rights and responsibilities by the policy contract language. If more than one insured is named, be sure the one intended to receive these rights and responsibilities is named first and any additional insureds identified as such. If joint ownership, the name used may include both names (e.g., John and Mary Smith).
ELECTION OF SUM COVERAGE	Split Limits Check Box \$25,000 per person / \$50,000 per accident	Check the desired limits.
ELECTION OF SUM COVERAGE	Split Limits Check Box \$50,000 per person / \$100,000 per accident	Check the desired limits.
ELECTION OF SUM COVERAGE	Split Limits Check Box \$100,000 per person / \$300,000 per accident	Check the desired limits.
ELECTION OF SUM COVERAGE	Split Limits Check Box \$250,000 per person / \$500,000 per accident	Check the desired limits.

ELECTION OF SUM COVERAGE	Split Limits Check Box \$500,000 per person / \$1,000,000 per accident	Check the desired limits.
ELECTION OF SUM COVERAGE	Split Limits Check Box \$ per person / \$ per accident	Check the desired limits.
ELECTION OF SUM COVERAGE	Split Limits \$ per person	Enter the desired limit.
ELECTION OF SUM COVERAGE	Split Limits \$ per accident	Enter the desired limit.
ELECTION OF SUM COVERAGE	Combined Single Limit Check Box \$50,000 per accident	Check the desired limit.
ELECTION OF SUM COVERAGE	Combined Single Limit Check Box \$100,000 per accident	Check the desired limit.
ELECTION OF SUM COVERAGE	Combined Single Limit Check Box \$250,000 per accident	Check the desired limit.
ELECTION OF SUM COVERAGE	Combined Single Limit Check Box \$350,000 per accident	Check the desired limit.
ELECTION OF SUM COVERAGE	Combined Single Limit Check Box \$500,000 per accident	Check the desired limit.
ELECTION OF SUM COVERAGE	Combined Single Limit Check Box \$1,000,000 per accident	Check the desired limit.
ELECTION OF SUM COVERAGE	Combined Single Limit Check Box \$ per person / \$ per accident	Check the desired limit.
ELECTION OF SUM COVERAGE	Combined Single Limit per accident	Enter the desired limit.
SIGNATURE	Applicant's Signature	Applicant/Named Insured must sign the application.
SIGNATURE	Date	Date the application was completed. (MM/DD/YYYY)
SIGNATURE	Effective Date	Enter the effective date of the Supplementary Uninsured / Underinsured Motorists coverage. (MM/DD/YYYY)