

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 65 NY (2003/01)</b>		<p>The title of the form. ACORD 65 NY, New York Auto Supplement - Supplementary Spousal Liability Coverage - Mandatory Offer of Insurance, is under a new New York state law effective January 1, 2003, and is mandatory to offer Supplemental Spousal Liability Coverage. Supplemental Spousal Liability Insurance (SSL) provides bodily injury liability coverage under a motor vehicle insurance policy to cover the liability of an insured spouse because of the death of or injury to his or her spouse, even where the injured spouse must prove the culpable conduct of the insured spouse.</p> <ol style="list-style-type: none"> <li>1. The additional premium for SSL coverage must be indicated on the form.</li> <li>2. The applicant / insured must elect to request or reject SSL coverage.</li> <li>3. The applicant / insured must sign the form.</li> </ol>
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 1</b>	Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Sub Code</b>	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).
<b>IDENTIFICATION SECTION</b>	<b>Applicant's Name</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Company</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>POL#</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>ADDITIONAL PREMIUM</b>	<b>SSL Coverage</b>	Enter amount: The supplemental spousal liability premium amount.

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<b>REQUEST SUPPLEMENTAL SPOUSAL LIABILITY COVERAGE</b>	<b>SSL Coverage</b>	Check the box (if applicable): Indicates the first named insured accepts the offer to increase limits of liability for the claims of family members made under the policy. As used here, indicates insured requests supplemental spousal liability coverage.
<b>REJECT SUPPLEMENTAL SPOUSAL LIABILITY COVERAGE</b>	<b>SSL Coverage</b>	Check the box (if applicable): Indicates the first named insured rejects the offer to increase limits of liability for the claims of family members made under the policy. As used here, indicates insured rejects supplemental spousal liability coverage.
<b>SIGNATURE</b>	<b>Named Insurers Signature</b>	Sign here: Accommodates the signature of the applicant or 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).