

**Universal wording updates to improve clarity and intent were made to all FIG text for this form on 10/22/2008.**

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 60 NY (2008/03)</b>	<b>New York Homeowners Supplement, Workers Compensation Additional Information</b>	The title of the form. In New York, ISO Workers Compensation Endorsement HO 24 93 must be attached to all homeowners policies other than Forms HO 00 04 and HO 00 06, when the policy covers owner-occupants of one through four family dwellings.  When the policy is issued with either HO 00 04 or HO 00 06, producers should use this supplement to determine if HO 24 93 must be attached and to provide the insurance company with necessary information not obtained by the Homeowners application. Refer to the ISO manual for eligibility rules with respect to the use of HO 24 93.
<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>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Applicant / Named Insured(s)</b>	Enter text: The named insured's full name as it appears on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced. If required for self-insurance, the self-insured license or contract number.
<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. 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>HO 00 04</b>	<b>1A. Is the applicant a co-owner of the dwelling, as well as an occupant of an apartment in the dwelling?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant a co-owner of the dwelling, as well as an occupant of an apartment in the dwelling?".
<b>HO 00 04</b>	<b>1B. Is the other apartment occupied by the other co-owner?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the other apartment occupied by the other co-owner?".
<b>HO 00 04</b>	<b>1C. Are the living quarters separate, with separate entrances?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are living quarters separate, with separate entrances?".
<b>HO 00 04</b>	<b>1D. Does the other co-owner have a Homeowners policy that provides building coverage?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the other co-owner have a homeowners policy that provides building coverage?".

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>HO 00 04</b>	<b>2A. Is the applicant an owner of the dwelling who occupies an apartment in the dwelling?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant an owner of the dwelling who occupies an apartment in the dwelling?".
<b>HO 00 04</b>	<b>2B. Is the policy to include premises liability coverage for the entire property?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the policy to include premises liability coverage for the entire property?".
<b>HO 00 04</b>	<b>3. Is the applicant a tenant of an apartment in a dwelling that is also occupied by an owner?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant a tenant of an apartment in a dwelling that is also occupied by an owner?".
<b>HO 00 04</b>	<b>4. Is the applicant an owner of any additional dwelling located in New York state that is to be insured under this policy?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant an owner of any additional dwelling located in New York state that is to be insured under this policy?".
<b>HO 00 06</b>	<b>1. Is the applicant an owner-occupant?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant an owner-occupant?".
<b>HO 00 06</b>	<b>2. Is the applicant an owner of any additional location in New York?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant an owner of any additional location in New York?".
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.). by all companies to issue Certificates.
<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).