

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 60 PA (2012/10)	Pennsylvania Auto Supplement, Uninsured Motorist Coverage Selection / Rejection	<p>The title of the form. ACORD 60 PA, Pennsylvania Auto Supplement, Uninsured Motorist Coverage Selection / Rejection, is used for selection or rejection of Uninsured Motorist Coverage.</p> <p>According to Pennsylvania law, this form must be separate from any other form.</p> <p>Use ACORD 60 PA with 90 PA, and all commercial auto applications.</p> <p>Although this form has been filed and approved by the Pennsylvania Insurance Department, the Department requires that insurers using this form must notify the Department that they are doing so.</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.
SIGNATURE	Reject Uninsured Motorist Protection Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, the first named insured must sign their rejection.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SELECTION OF UNINSURED MOTORIST PROTECTION	The uninsured motorist coverage limits I select are: (\$)	Enter limit: The uninsured motorists combined single limit per accident limit amount.
SELECTION OF UNINSURED MOTORIST PROTECTION		Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)

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SELECTION OF UNINSURED MOTORIST PROTECTION		Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
SIGNATURE	Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, the first named insured must sign their selection.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	1. Retain stacking of Uninsured Motorist Coverage Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, the first named insured must sign their selection.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
REJECT STACKING	2. Reject stacking Uninsured Motorist Coverage Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, the first named insured must sign their selection.
SIGNATURE	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 uninsured 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).