

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 09/11/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 61 CA (2008/03)	California Auto Supplement	<p>The title of the form. ACORD 61 CA, California Auto Supplement, complies with California law and regulations, which require that the insured:</p> <ul style="list-style-type: none"> * Must be offered Uninsured Motorists Bodily Injury (UMBI) coverage up to the limits of Bodily Injury coverage in the policy; * Can reject UMBI completely, or can reject UMBI with respect to individual drivers * Can select an UMBI limit(s) which are lower than the policy limits for Bodily Injury, but not lower than the financial responsibility requirements. <p>Any of these selection/rejection options must be agreed to in writing by the insured. Use this form with ACORD 90 CA, and all commercial auto applications, unless the applicant selects UM BI limits at the policy's BI coverage limit(s).</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	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.
IDENTIFICATION SECTION	Applicant (First Name Insured)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
REJECTION UNINSURED MOTORISTS BODILY INJURY COVERAGE	Reject Uninsured Motorists Coverage	Initial here: The named insured's initials. As used here, indicates the named insured rejects uninsured motorists bodily injury coverage entirely.
REJECTION UNINSURED MOTORISTS BODILY INJURY COVERAGE	Reject only with respect to the following	Initial here: The named insured's initials. As used here, indicates the named insured rejects uninsured motorists bodily injury coverage only with respect to the excluded drivers listed below.

Section Name	Field Name	Field and/or Section Description
REJECTION UNINSURED MOTORISTS BODILY INJURY COVERAGE	Name of Driver(s)	Enter text: The driver's full name. As used here, this is the name of an excluded driver.
REJECTION UNINSURED MOTORISTS BODILY INJURY COVERAGE	Name of Driver(s)	Enter text: The driver's full name. As used here, this is the name of an excluded driver.
LOWER LIMIT FOR UNINSURED MOTORISTS BODILY INJURY COVERAGE	Select Uninsured Motorists Coverage limit(s) of ...	Initial here: The named insured's initials. As used here, indicates the named insured selects uninsured motorists bodily injury coverage with the limit listed.
LOWER LIMIT FOR UNINSURED MOTORISTS BODILY INJURY COVERAGE	Amount	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	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the uninsured motorists bodily injury selection / rejection.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
UNINSURED MOTORISTS PROPERTY DAMAGE	I select Uninsured Motorists Property Damage Coverage	Initial here: The named insured's initials. As used here, indicates the named insured selects uninsured motorists property damage coverage at a limit of \$3,500 for each accident for the vehicles listed below.
UNINSURED MOTORISTS PROPERTY DAMAGE	Year	Enter year: The model year of the vehicle.
UNINSURED MOTORISTS PROPERTY DAMAGE	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
UNINSURED MOTORISTS PROPERTY DAMAGE	Model	Enter text: The manufacturer's model name for the vehicle.
UNINSURED MOTORISTS PROPERTY DAMAGE	Year	Enter year: The model year of the vehicle.
UNINSURED MOTORISTS PROPERTY DAMAGE	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
UNINSURED MOTORISTS PROPERTY DAMAGE	Model	Enter text: The manufacturer's model name for the vehicle.

Section Name	Field Name	Field and/or Section Description
UNINSURED MOTORISTS PROPERTY DAMAGE	Year	Enter year: The model year of the vehicle.
UNINSURED MOTORISTS PROPERTY DAMAGE	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
UNINSURED MOTORISTS PROPERTY DAMAGE	Model	Enter text: The manufacturer's model name for the vehicle.
UNINSURED MOTORISTS PROPERTY DAMAGE	Reject Uninsured Motorists Property Damage entirely.	Initial here: The named insured's initials. As used here, indicates the named insured rejects uninsured motorists property damage coverage entirely.
UNINSURED MOTORISTS PROPERTY DAMAGE	I reject Uninsured Motorists Property Damage Coverage only with respect to the following individuals:	Initial here: The named insured's initials. As used here, indicates the named insured rejects uninsured motorists property damage coverage only with respect to the individuals listed below.
UNINSURED MOTORISTS PROPERTY DAMAGE	Name(s) of excluded driver(s)	Enter text: The driver's full name.
UNINSURED MOTORISTS PROPERTY DAMAGE	Name(s) of excluded driver(s)	Enter text: The driver's full name.
UNINSURED MOTORISTS PROPERTY DAMAGE	Name(s) of excluded driver(s)	Enter text: The driver's full name.
SIGNATURE	Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the uninsured motorists property damage selection / rejection.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).