

ACORD 61 IL (2015/01) - ILLINOIS AUTO SUPPLEMENT

ACORD 61 IL, Illinois Auto Supplement, Uninsured / Underinsured Motorists Bodily Injury Coverage, complies with Illinois laws and regulations which require that the insured be provided:

- * An explanation of Uninsured / Underinsured Motorists coverages
- * The option of selecting Uninsured / Underinsured Motorists Bodily Injury coverage at limits lower than the policy limit for basic Bodily Injury Liability coverage
- * The option of selecting Uninsured Motorists Property Damage coverage on vehicles not covered by collision insurance

Use with ACORD 90 IL, 290 IL and all ACORD Illinois commercial auto applications.

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Section Name	Field Name	Description
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION	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	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION	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	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
COVERAGE INFORMATION	I wish to reject uninsured / underinsured motorists coverage	Initial here: The named insured's initials.
COVERAGE INFORMATION	Split Limit 25,000 / 50,000	Initial here: The named insured's initials.
COVERAGE INFORMATION	Split Limit 50,000 / 100,000	Initial here: The named insured's initials.
COVERAGE INFORMATION	Split Limit 100,000 / 300,000	Initial here: The named insured's initials.
COVERAGE INFORMATION	Split Limit 250,000 / 500,000	Initial here: The named insured's initials.
COVERAGE INFORMATION	Split Limit Other	Initial here: The named insured's initials.

COVERAGE INFORMATION	Split Limit per Person Amount	Enter limit: The uninsured / underinsured motorists bodily injury per person limit. The use of this limit varies by state. On commercial policies, this may contain the combined single limit per accident amount.
COVERAGE INFORMATION	Split Limit per Occurrence Amount	Enter limit: The uninsured / underinsured motorists bodily injury per accident limit (in some states this may contain the uninsured / underinsured motorists combined single limit per accident limit). The use of this limit varies by state.
COVERAGE INFORMATION	Combined Single Limit \$50,000	Initial here: The named insured's initials.
COVERAGE INFORMATION	Combined Single Limit \$100,000	Initial here: The named insured's initials.
COVERAGE INFORMATION	Combined Single Limit \$300,000	Initial here: The named insured's initials.
COVERAGE INFORMATION	Combined Single Limit \$500,000	Initial here: The named insured's initials.
COVERAGE INFORMATION	Combined Single Limit Other	Initial here: The named insured's initials.
COVERAGE INFORMATION	Combined Single Limit Amount	Enter limit: The uninsured / underinsured motorists combined single limit per accident amount. The use of this limit varies by state.
COVERAGE INFORMATION	I select uninsured motorists property damage coverage for the following vehicles. Provide Year, Make and Model.	Initial here: The named insured's initials.
COVERAGE INFORMATION	Vehicle Year	Enter year: The model year of the vehicle.
COVERAGE INFORMATION	Vehicle Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
COVERAGE INFORMATION	Vehicle Model	Enter text: The manufacturer's model name for the vehicle.
COVERAGE INFORMATION	Vehicle Year	Enter year: The model year of the vehicle.
COVERAGE INFORMATION	Vehicle Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
COVERAGE INFORMATION	Vehicle Model	Enter text: The manufacturer's model name for the vehicle.
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. (MM/DD/YYYY)