

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 61 NM (2010/12)	New Mexico Auto Supplement	<p>The title of the form. ACORD 61 NM, New Mexico Auto Supplement, complies with New Mexico law, and must be used with applications for auto insurance under the following circumstances:</p> <p>UM Coverage Selection</p> <p>1. When an applicant for either personal or commercial auto insurance:</p> <ul style="list-style-type: none"> - Selects Uninsured Motorists (UM) coverage less than the liability limits of the policy, or - Rejects Uninsured Motorists (UM) coverage entirely <p>Rejection of Stacked UM Coverage</p> <p>2. When an applicant for a multi-vehicle personal auto policy, or a multi-vehicle commercial auto policy if the applicant is an individual, decides to reject intra-policy Stacked Uninsured Motorists (UM) coverage.</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	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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.
COVERAGES	Option 1 - Combined Single Limit ea accident	Enter limit: The uninsured motorists combined single limit per accident limit amount.

Section Name	Field Name	Field and/or Section Description
COVERAGES	Option 1 - Bodily Injury ea accident	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.
COVERAGES	Option 1 - Bodily Injury ea person	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.)
COVERAGES	Option 1 - Premium CSL / BI	Enter amount: The uninsured motorist combined single limit premium amount.
COVERAGES	Option 1 - Property Damage ea accident	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
COVERAGES	Option 1 - Property Damage Deductible	Enter deductible: The uninsured motorists property damage deductible amount.
COVERAGES	Option 1 - Premium PD	Enter amount: The uninsured motorists property damage premium amount.
COVERAGES	Option 2 - Combined Single Limit ea accident	Enter limit: The uninsured motorists combined single limit per accident limit amount.
COVERAGES	Option 2 - Bodily Injury ea accident	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.
COVERAGES	Option 2 - Bodily Injury ea person	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.)
COVERAGES	Option 2 - Premium CSL / BI	Enter amount: The uninsured motorist combined single limit premium amount.
COVERAGES	Option 2 - Property Damage ea accident	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
COVERAGES	Option 2 - Property Damage Deductible	Enter deductible: The uninsured motorists property damage deductible amount.
COVERAGES	Option 2 - Premium PD	Enter amount: The uninsured motorists property damage premium amount.
COVERAGES	Option 3 - Combined Single Limit ea accident	Enter limit: The uninsured motorists combined single limit per accident limit amount.
COVERAGES	Option 3 - Bodily Injury ea accident	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.
COVERAGES	Option 3 - Bodily Injury ea person	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.)
COVERAGES	Option 3 - Premium CSL / BI	Enter amount: The uninsured motorist combined single limit premium amount.

Section Name	Field Name	Field and/or Section Description
COVERAGES	Option 3 - Property Damage ea accident	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
COVERAGES	Option 3 - Property Damage Deductible	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.)
COVERAGES	Option 3 - Premium PD	Enter amount: The uninsured motorists property damage premium amount.
UNINSURED MOTORISTS COVERAGE SELECTION	I Select UM Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured selects uninsured motorists limits indicated in the application.
UNINSURED MOTORISTS COVERAGE SELECTION	Date	Enter date: The date the form was signed by the named insured.
UNINSURED MOTORISTS COVERAGE SELECTION	I Reject UM Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured rejects uninsured motorists limits indicated in its entirety.
UNINSURED MOTORISTS COVERAGE SELECTION	Date	Enter date: The date the form was signed by the named insured.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
REJECTION OF STACKED UNINSURED MOTORISTS COVERAGE	I Reject intra policy Stacked UM Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured rejects intra-policy stacked uninsured motorists coverage and selects non-stacked uninsured motorists coverage.
REJECTION OF STACKED UNINSURED MOTORISTS COVERAGE	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).