

## ACORD 64 NY (2018/06) - NEW YORK AUTO SUPPLEMENT

ACORD 64 NY, New York Auto Supplement, Supplementary Uninsured/ Underinsured Motorists Insurance Notice, Selection and/or Waiver is to be used upon renewal and new policies in accordance with New York State law. New York law requires that an insurer that issues a motor vehicle liability insurance policy on or after June 16, 2018, other than a commercial risk insurance policy, to provide Supplementary Uninsured / Underinsured Motorists (SUM). In addition, as per an amendment of Ins. Law §3420(f) on 12/18/17, any new insurance policy entered into after June 16, 2018 must provide SUM insurance in an amount equal to the bodily injury liability insurance limits of coverage provided. However, the named insured may exercise the choice to decline SUM or select a lower amount. Whenever SUM coverage is declined, the policy shall provide the mandatory uninsured motorist (UM) coverage required by Insurance Law §3420 (f)(1). Refer to Ins. Law §3420(f) for further notification requirements which are to be given at least annually to insureds concerning the availability of supplementary uninsured/underinsured motorists coverage. Refer to the fourth amendment to NY Regulation 35-D, effective April 16, 2013, for an updated definition of “insured” to determine who must be provided with SUM insurance coverage. This Form was updated subsequent to the Emergency Eighth Amendment to 11 NYCRR 60-2, signed May 10, 2018 by the New York State Superintendent of Financial Services.

### Form Page 1

Section Name	Field Name	Description
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 National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
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### Form Page 2

Section Name	Field Name	Description
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<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>ELECTION OF SUM COVERAGE</b>	<b>Split Limits Check Box \$25,000 per person / \$50,000 per accident</b>	Check the box (if applicable): Indicates the limits for the statutory uninsured motorists coverage are \$25,000 each person and \$50,000 each accident.
<b>ELECTION OF SUM COVERAGE</b>	<b>Split Limits Check Box \$50,000 per person / \$100,000 per accident</b>	Check the box (if applicable): Indicates the limits for the statutory uninsured motorists coverage are \$50,000 each person and \$100,000 each accident.
<b>ELECTION OF SUM COVERAGE</b>	<b>Split Limits Check Box \$100,000 per person / \$300,000 per accident</b>	Check the box (if applicable): Indicates the limits for the statutory uninsured motorists coverage are \$100,000 each person and \$300,000 each accident.
<b>ELECTION OF SUM COVERAGE</b>	<b>Split Limits Check Box \$250,000 per person / \$500,000 per accident</b>	Check the box (if applicable): Indicates the limits for the statutory uninsured motorists coverage are \$250,000 each person and \$500,000 each accident.
<b>ELECTION OF SUM COVERAGE</b>	<b>Split Limits Check Box \$500,000 per person / \$1,000,000 per accident</b>	Check the box (if applicable): Indicates the limits for the statutory uninsured motorists coverage are \$500,000 each person and \$1,000,000 each accident.
<b>ELECTION OF SUM COVERAGE</b>	<b>Split Limit Check Box Other</b>	Check the box (if applicable): Indicates the limits for the statutory uninsured motorists coverage are for amounts other than those listed.
<b>ELECTION OF SUM COVERAGE</b>	<b>Split Limits \$ per person</b>	Enter limit: The statutory uninsured motorists per person limit amount.
<b>ELECTION OF SUM COVERAGE</b>	<b>Split Limits \$ per accident</b>	Enter limit: The statutory uninsured motorists per accident limit amount.
<b>ELECTION OF SUM COVERAGE</b>	<b>Combined Single Limit Check Box \$50,000 per accident</b>	Check the box (if applicable): Indicates the limit for the statutory uninsured motorists combined single limit coverage is \$50,000.
<b>ELECTION OF SUM COVERAGE</b>	<b>Combined Single Limit Check Box \$100,000 per accident</b>	Check the box (if applicable): Indicates the limit for the statutory uninsured motorists combined single limit coverage is \$100,000.
<b>ELECTION OF SUM COVERAGE</b>	<b>Combined Single Limit Check Box \$250,000 per accident</b>	Check the box (if applicable): Indicates the limit for the statutory uninsured motorists combined single limit coverage is \$250,000.
<b>ELECTION OF SUM COVERAGE</b>	<b>Combined Single Limit Check Box \$350,000 per accident</b>	Check the box (if applicable): Indicates the limit for the statutory uninsured motorists combined single limit coverage is \$350,000.

<b>ELECTION OF SUM COVERAGE</b>	<b>Combined Single Limit Check Box \$500,000 per accident</b>	Check the box (if applicable): Indicates the limit for the statutory uninsured motorists combined single limit coverage is \$500,000.
<b>ELECTION OF SUM COVERAGE</b>	<b>Combined Single Limit Check Box \$1,000,000 per accident</b>	Check the box (if applicable): Indicates the limit for the statutory uninsured motorists combined single limit coverage is \$1,000,000.
<b>ELECTION OF SUM COVERAGE</b>	<b>Combined Single Limit Othr Check Box</b>	Check the box (if applicable): Indicates the limits for the statutory uninsured motorists coverage are for amounts other than those listed.
<b>ELECTION OF SUM COVERAGE</b>	<b>Combined Single Limit per accident</b>	Enter limit: The statutory uninsured motorists combined single limit amount.
		Check the box (if applicable): Indicates uninsured / underinsured coverage has been rejected in its entirety.

**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<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>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)