| Section Name | Field Name | Field and/or Section Description |
|-----------------------|----------------------------------|--|
| | | The title of the form. ACORD 71 SC, Associated Auto Insurers Plan of South Carolina - |
| | Associated Auto Insurers Plan of | Private Passenger Policy Change Request. Use this form in connection with insurance |
| TITLE | South Carolina - Private | written through the Associated Auto Insurers Plan of South Carolina. Refer to the Plan |
| ACORD 71 SC (2010/12) | Passenger Policy Change Request | rules to determine how the form should be used. |