

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 860 MI (2010/03)	Michigan Auto Supplement	The title of the form. ACORD 860 MI, Michigan Auto Supplement, is used to comply with Michigan law which requires insurers to allow out-of-state residents to obtain a Michigan policy when they will reside in Michigan for 30 days or more. The applicant must sign this form stating their intention.
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.
DECLARATION		Enter text: The named insured(s) as it/they will appear on the policy declarations page.
DECLARATION		Enter text: The first address line of the physical location.
DECLARATION		Enter text: The city of the physical location.
DECLARATION		Enter code: The postal code of the physical location.
DECLARATION		Enter identifier: The driver's license number.
DECLARATION		Sign here: Accommodates the signature of the applicant or named insured.
DECLARATION		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).