

ACORD 95 MD (2018/07) - REQUIRED NOTICE OF UNINSURED MOTORIST ("UM") COVERAGE AND ENHANCED UNDERINSURED MOTORIST ("EUIM") COVERAGE AND OPTION SELECTION FORM

ACORD 95 MD complies with Maryland Code, Insurance § 19-509.1 and is applicable to private passenger automobile policies purchased on or after July 1, 2018.(Chapter 0815/0203, Acts of 2017).

Form Page 1

Section Name	Field Name	Description
Producer Information		Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
Producer Information		Enter text: The full name of the producer / agency.
Producer Information		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.
Producer Information		Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
Producer Information		Enter text: The named insured(s) as it / they will appear on the policy declarations page.
Producer Information		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.
Producer Information		Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).

Form Page 2

Section Name	Field Name	Description
Producer Information		Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
Option 1		Check the box (if applicable): Indicates uninsured / underinsured limits equal to bodily injury and property damage limits have been selected.
Option 1		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.)
Option 1		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.

Option 1		Enter limit: The underinsured motorists combined single limit per accident limit amount.
Option 1		Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
Option 1		Sign here: Accommodates the signature of the applicant or named insured.
Option 1		Enter date: The date on which the form is completed. (MM/DD/YYYY)
Option 2		Check the box (if applicable): Indicates uninsured / underinsured limits equal to bodily injury and property damage limits have been selected.
Option 3		Check the box (if applicable): Indicates uninsured / underinsured limits equal to bodily injury and property damage limits have been selected.
Option 2		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.)
Option 2		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.
Option 2		Enter limit: The uninsured / underinsured property damage limit amount.
Option 2		Enter limit: The underinsured motorists combined single limit per accident limit amount.
Option 2		Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
Option 2		Sign here: Accommodates the signature of the applicant or named insured.
Option 2		Enter date: The date on which the form is completed. (MM/DD/YYYY)
Option 3		Sign here: Accommodates the signature of the applicant or named insured.
Option 3		Enter date: The date on which the form is completed. (MM/DD/YYYY)
Option 3		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.)
Option 3		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.
Option 3		Enter limit: The uninsured / underinsured property damage limit amount.
Option 3		Enter limit: The underinsured motorists combined single limit per accident limit amount.
Option 3		Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
Option 1		Enter limit: The uninsured / underinsured property damage limit amount.

Section Name	Field Name	Description
Producer Information		Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
Signature		Enter text: The named insured(s) as it / they will appear on the policy declarations page.
Signature		Sign here: Accommodates the signature of the applicant or named insured.
Signature		Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
Signature		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.
Signature		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.
Signature		Enter text: The name of the individual at the producer's establishment that is the primary contact.
Signature		Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.