

| Section Name   | Field Name  | Field and/or Section Description   |
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| <b>TITLE</b><br><b>ACORD 60 (2010/04)</b>                | <b>Flood Insurance Notice / Rejection</b>         | The title of the form. ACORD 60, Flood Insurance Selection / Rejection, is used to explain to applicants for property insurance the value of purchasing flood insurance coverage, and to record the signature of the applicant if flood insurance coverage is selected or rejected.<br><br>This form contains advisory text provided by the Federal Emergency Management Agency (FEMA)." |
| <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>IDENTIFICATION SECTION</b>                            | <b>Date</b>                                       | Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)  |
| <b>IDENTIFICATION SECTION</b>                            | <b>Agency</b>                                     | Enter text: The full name of the producer/agency.  |
| <b>IDENTIFICATION SECTION</b>                            | <b>Policy Number</b>                              | 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.   |
| <b>IDENTIFICATION SECTION</b>                            | <b>Effective Date</b>                             | Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.   |
| <b>IDENTIFICATION SECTION</b>                            | <b>Carrier</b>                                    | 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.   |
| <b>IDENTIFICATION SECTION</b>                            | <b>NAIC Code</b>                                  | Enter code: The identification code assigned to the insurer by the NAIC.   |
| <b>IDENTIFICATION SECTION</b>                            | <b>Applicant / Named Insured(s)</b>               | Enter text: The named insured(s) as it/they will appear on the policy declarations page.   |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>NFIP Building Coverage - Accept</b>            | Check the box (if applicable): Indicates NFIP Building coverage is accepted by the applicant / named insured.  |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>NFIP Building Coverage - Reject</b>            | Check the box (if applicable): Indicates NFIP Building coverage is rejected by the applicant / named insured.  |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>NFIP Contents / Personal Property - Accept</b> | Check the box (if applicable): Indicates NFIP Contents / Personal Property coverage is accepted by the applicant / named insured.  |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>NFIP Contents / Personal Property - Reject</b> | Check the box (if applicable): Indicates NFIP Contents / Personal Property coverage is rejected by the applicant / named insured.  |

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| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Excess Building Coverage - Accept</b>                                       | Check the box (if applicable): Indicates Excess Building coverage is accepted by the applicant / named insured.                             |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Excess Building Coverage - Reject</b>                                       | Check the box (if applicable): Indicates Excess Building coverage is rejected by the applicant / named insured.                             |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Excess Contents / Personal Property Coverage - Accept</b>                   | Check the box (if applicable): Indicates Excess Contents / Personal Property coverage is accepted by the applicant / named insured.         |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Excess Contents / Personal Property Coverage - Reject</b>                   | Check the box (if applicable): Indicates Excess Contents / Personal Property coverage is rejected by the applicant / named insured.         |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Alternative Market Primary Building Coverage - Accept</b>                   | Check the box (if applicable): Indicates the alternative market primary building coverage is accepted by the applicant / named insured.     |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Alternative Market Primary Building Coverage - Reject</b>                   | Check the box (if applicable): Indicates the alternative market primary building coverage is rejected by the applicant / named insured.     |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Alternative Market Primary Contents Coverage - Accept</b>                   | Check the box (if applicable): Indicates the alternative market primary contents coverage is accepted by the applicant / named insured.     |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Alternative Market Primary Contents Coverage - Reject</b>                   | Check the box (if applicable): Indicates the alternative market primary contents coverage is rejected by the applicant / named insured.     |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Alternative Market Loss of Income or Additional Living Expense - Accept</b> | Check the box (if applicable): Indicates Loss Of Income or Additional Living Expense coverage is accepted by the applicant / named insured. |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Alternative Market Loss of Income or Additional Living Expense - Reject</b> | Check the box (if applicable): Indicates Loss Of Income or Additional Living Expense coverage is rejected by the applicant / named insured. |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Applicant's Signature</b>   | Sign here: Accommodates the signature of the applicant or named insured.  |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Date</b>  | Enter date: The date the form was signed by the named insured.  |

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| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Address of Property</b>  | Enter text: The first address line of the physical location. As used here, this is the physical address of the property for which flood insurance coverage is available but has been rejected by the applicant/first named insured. |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Address of Property</b>  | Enter text: The city of the physical location. As used here, this is the physical address of the property for which flood insurance coverage is available but has been rejected by the applicant/first named insured.               |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Address of Property</b>  | Enter code: The state or province of the physical location. As used here, this is the physical address of the property for which flood insurance coverage is available but has been rejected by the applicant/first named insured.  |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Address of Property</b>  | Enter code: The postal code of the physical location. As used here, this is the physical address of the property for which flood insurance coverage is available but has been rejected by the applicant/first named insured.        |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Producer's Signature</b> | Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.  |
| <b>SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE</b> | <b>Date</b>                 | Enter date: The date the producer signed the form.  |
| <b>Edition</b>   | <b>Date</b>                 | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).   |