

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 06/05/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 60 MT (2003/09)	Montana Application Supplement - Refusal to Renew	The title of the form. ACORD 60 MT, Montana Application Supplement - Refusal to Renew, is used to satisfy a Montana law that requires that if a single loss occurring during the policy period is among an insurance company's criteria for non-renewal of the applicant's policy, then a notice must be given to the applicant informing them of this criteria. This notice must be signed and dated by the applicant.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Name	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Company	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	Policy	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.
APPLIED APPLICATION INFORMATION	Homeowners Insurance	Check the box (if applicable): Indicates this is a supplement to a homeowners application.
APPLIED APPLICATION INFORMATION	Personal Inland Marine Insurance	Check the box (if applicable): Indicates this is a supplement to a personal inland marine application.

Section Name	Field Name	Field and/or Section Description
APPLIED APPLICATION INFORMATION	Watercraft Insurance	Check the box (if applicable): Indicates this is a supplement to a watercraft application.
APPLIED APPLICATION INFORMATION	Personal Umbrella Insurance	Check the box (if applicable): Indicates this is a supplement to a personal umbrella application.
APPLIED APPLICATION INFORMATION	Dwelling Insurance	Check the box (if applicable): Indicates this is a supplement to a dwelling fire application.
APPLIED APPLICATION INFORMATION	Mobile Home Insurance	Check the box (if applicable): Indicates this is a supplement to a mobile home application.
APPLIED APPLICATION INFORMATION	Personal Lines Package Insurance	Check the box (if applicable): Indicates this is a supplement to a personal lines package application.
APPLIED APPLICATION INFORMATION	Personal Auto Insurance	Check the box (if applicable): Indicates this is a supplement to a personal auto application.
APPLIED APPLICATION INFORMATION	Agriculture Insurance	Check the box (if applicable): Indicates this is a supplement to an agriculture application.
APPLIED APPLICATION INFORMATION	Commercial Insurance	Check the box (if applicable): Indicates this is a supplement to a commercial application.
APPLIED APPLICATION INFORMATION	Other	Check the box (if applicable): Indicates this is a supplement to an application other than those listed.
APPLIED APPLICATION INFORMATION	Other Description	Enter text: The type of application this form is a supplement to.
SIGNATURE	Signature of Applicant	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	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).