

**Universal wording updates to improve clarity and intent were made to all FIG text for this form on 08/14/2009.**

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 60 NM (2003/01)</b>	<b>New Mexico Confidential Abuse Information Disclosure Notice</b>	The title of the form. ACORD 60 NM, New Mexico Confidential Abuse Information Disclosure Notice, is used with all applications, to comply with a New Mexico law requiring that all insurance applicants must be provided with information with respect to the type of information that can be collected by an insurer about abuse by other individuals.
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	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).
<b>IDENTIFICATION SECTION</b>	<b>Named Insured</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Company</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>Policy #</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>SIGNATURE</b>	<b>Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<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).