

ACORD 60 US (2015/01) - Insurance Supplement

ACORD 60 US, Insurance Supplement, Policyholder Disclosure, Notice of Terrorism Insurance Coverage, is used for all lines of insurance covered by the federal Terrorism Risk Insurance Program Reauthorization Act of 2015, in all states except for the following exceptions:

- Use ACORD 62 US for property coverage provided by the Standard Fire Policy.
- Use ACORD 64 US for workers' compensation coverage.

The form complies with requirements of the federal Terrorism Risk Insurance Program Reauthorization Act of 2015. The form discloses the following information:

- * Coverage for losses resulting from acts of terrorism certified under the federal program must be offered;
- * The applicant / insured can accept or reject the coverage;
- * The amount of premium for this coverage.

IMPORTANT:

INSURERS INTENDING TO USE THIS FORM SHOULD DETERMINE IF FILINGS ARE REQUIRED IN ORDER TO COMPLY WITH INDIVIDUAL STATE REGULATIONS.

Form Page 1

Section Name	Field Name	Description
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	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 National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Applicant / Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
ACCEPTANCE/REJECTION	I hereby elect to purchase terrorism coverage for a prospective premium of \$	Check the box (if applicable): Indicates the named insured has selected to purchase terrorism coverage.
ACCEPTANCE/REJECTION	Premium	Enter amount: The premium amount for terrorism coverage.

ACCEPTANCE/REJECTION	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.	Check the box (if applicable): Indicates the named insured has declined to purchase terrorism coverage for certified acts of terrorism.
SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Print Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Print Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Applicant / Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Print Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)