

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 61 AR (2010/04)</b>	<b>Arkansas Auto Supplement,            Uninsured / Underinsured            Motorists Coverage Selection</b>	<p>The title of the form. ACORD 61 AR, Arkansas Auto Supplement, Uninsured / Underinsured Motorists Coverage Selection, complies with Arkansas law and regulations, which require that the insured must be offered Uninsured and Underinsured Motorists* (UM and UIM) Bodily Injury coverage, UM Property Damage coverage and various Personal Injury Protection coverages, and must be allowed to:</p> <ul style="list-style-type: none"> <li>- Select UM and UIM*;</li> <li>- Select UM and reject UIM*;</li> <li>- Reject UM Property Damage coverage;</li> <li>- Reject UM and UIM* entirely.</li> <li>- Reject increased UM and UIM limits</li> <li>- Reject any or all of the various Personal Injury Protection coverages.</li> </ul> <p>- UM coverage cannot be rejected by insureds engaged in the transportation of the general public as passengers for compensation.</p> <p>The insured cannot select UIM without selecting UM. Selection/rejection must be in writing.</p> <p>Use this form with ACORD 90 AR; and all commercial Auto applications. All applicants who will be named insureds must sign the form.</p>
<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>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.

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IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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 NAIC.
SIGNATURE	Signature Of Applicant	Sign here: Accommodates the signature of the applicant or named insured.
AGREES UNINSURED...	Agrees that Uninsured and Underinsured Coverages are deleted	Check the box (if applicable): Indicates the insured agrees that both uninsured and underinsured motorists coverage afforded in the policy are hereby deleted.
AGREES PORPERTY...	Agrees that the property damage only portion is deleted	Check the box (if applicable): Indicates the insured agrees that property damage portion of the uninsured motorists coverage afforded in the policy are hereby deleted.
AGREES UNDERINSURED...	Agrees that only Underinsured Coverage is deleted	Check the box (if applicable): Indicates the insured agrees the underinsured motorists coverage afforded in the policy are hereby deleted.
SIGNATURE	Signature of Insured	Sign here: Accommodates the signature of the applicant or named insured.
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IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
PERSONAL INJURY PROTECTION SELECTION	\$5,000 Medical Payments Statutory Limit	Initial here: The named insured's initials.
PERSONAL INJURY PROTECTION SELECTION	Medical Payments Insurance in its entirety	Initial here: The named insured's initials.
PERSONAL INJURY PROTECTION SELECTION	Work Loss Coverage	Initial here: The named insured's initials.
PERSONAL INJURY PROTECTION SELECTION	Accidental Death Benefits	Initial here: The named insured's initials.
SIGNATURE	Signature of Insured	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Signature of Insured	Sign here: Accommodates the signature of the applicant or named insured.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).