

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 61 CT (2010/01)	Connecticut Auto Supplement	<p>The title of the form. ACORD 61 CT, Connecticut Auto Supplement, complies with Connecticut laws and regulations, which require that insureds:</p> <ul style="list-style-type: none"> * Must be informed of the coverage available under Connecticut's UM statutes, including both standard UM/UIM and UM Conversion coverage. * Must be permitted to select among various options relating to UM/UIM and UM Conversion Coverage * Connecticut law does not provide for stacking of UM/UIM coverage. <p>The applicant must sign this form, regardless of the coverage selections made.</p> <p>Use with ACORD 90 CT, and all commercial auto applications.</p>
IDENTIFICATION SECTION		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 #	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.
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.
IDENTIFICATION SECTION		Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
ELECTION OF COVERAGE		Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

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ELECTION OF COVERAGE	UM With Standard UIM Coverage Double BI Limit (checkbox)	Check the box (if applicable): Indicates the named insured has selected uninsured motorists limits double to the bodily injury limits on their policy.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	BI Limit (checkbox)	Check the box (if applicable): Indicates the named insured has selected uninsured motorists limits equal to the bodily injury limits on their policy.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	Option (checkbox)	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
ELECTION OF COVERAGE	Limit (\$)	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	Option (checkbox)	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
ELECTION OF COVERAGE	Limit (\$)	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	Option (checkbox)	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
ELECTION OF COVERAGE	Limit (\$)	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	Minimum Limit (checkbox)	Check the box (if applicable): Indicates the named insured has selected the minimum uninsured motorists limits.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	UM Conversion Double BI Limit (checkbox)	Check the box (if applicable): Indicates the named insured has selected uninsured motorists limits double to the bodily injury limits on their policy.

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ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	BI Limit (checkbox)	Check the box (if applicable): Indicates the named insured has selected uninsured motorists limits equal to the bodily injury limits on their policy.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	Option (checkbox)	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
ELECTION OF COVERAGE	Limit (\$)	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	Option (checkbox)	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
ELECTION OF COVERAGE	Limit (\$)	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	Option (checkbox)	Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.
ELECTION OF COVERAGE	Limit (\$)	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
ELECTION OF COVERAGE	Minimum Limit (checkbox)	Check the box (if applicable): Indicates the named insured has selected the minimum uninsured motorists limits.
ELECTION OF COVERAGE	Total Coverage Premium (\$)	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
SIGNATURE	Signature of Any Named Insured	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).