

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 10/02/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 61 DE (2006/10)	Delaware Auto Supplement - Delaware Motorist's Protection Act - Required Statement To Policyholders	The title of the form. ACORD 61 DE, Delaware Auto Supplement - Delaware Motorist's Protection Act - Required Statement To Policyholders, complies with Delaware Regulation 9. The selection of limits or rejection of coverage is valid for all insureds under the policy. Use this form with ACORD 90 DE, and any commercial auto applications.
IDENTIFICATION SECTION	Agency	Enter text: The full name 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	Applicant/Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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.
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
COVERAGES	1 Liability Coverage (Compulsory) A. Split Limits Liability (1) Bodily Injury Liability Limits as shown in Column C (checkbox)	Check the box (if applicable): Indicates the named insured has selected the limits shown.
COVERAGES	Minimum Limits	Check the box (if applicable): Indicates the named insured has selected the minimum limits for the coverage.
COVERAGES	Bodily Injury Limit Each Person (\$)	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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COVERAGES	Bodily Injury Limits Each Accident (\$)	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Property Damage Liability Limits as Shown in Column C (checkbox)	Check the box (if applicable): Indicates the named insured has selected the limits shown.
COVERAGES	Property Damage Liability Minimum Limits (checkbox)	Check the box (if applicable): Indicates the named insured has selected the minimum limits for the coverage.
COVERAGES	Property Damage Limits (\$)	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Combined Single Limit Liability Column C (checkbox)	Check the box (if applicable): Indicates the named insured has selected the limits shown.
COVERAGES	Combined Single Limit Minimum Limits	Check the box (if applicable): Indicates the named insured has selected the minimum limits for the coverage.
COVERAGES	Combined Single Limit Each Accident (\$)	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	2 No-Fault Split Limit Additional Limits as shown in Col. C	Check the box (if applicable): Indicates the named insured has selected the additional limits shown.
COVERAGES	Minimum Limits	Check the box (if applicable): Indicates the named insured has selected the minimum limits for the coverage.
COVERAGES	Personal Injury Protection Limits Each Person (\$)	Enter limit: The additional personal injury protection (APIP) per person limit amount.
COVERAGES	Personal Injury Protection Limits Each Accident (\$)	Enter limit: The additional personal injury protection (APIP) per accident limit amount.
COVERAGES	Combined Single Limit Additional Limits as shown in Col. C	Check the box (if applicable): Indicates the named insured has selected the additional limits shown.
COVERAGES	Combined Single Limit Additional Limits Minimum Limits	Check the box (if applicable): Indicates the named insured has selected the minimum limits for the coverage.
COVERAGES	Combined Single Limit Each Accident (\$)	Enter limit: The additional personal injury protection (APIP) per accident limit amount.
COVERAGES	Full Coverage with no Deductible (checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) has no deductible that applies.

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COVERAGES	Yes (checkbox)	Check the box (if applicable): Indicates personal injury protection (PIP) with full coverage and no deductible has been selected.
COVERAGES	No (checkbox)	Check the box (if applicable): Indicates personal injury protection (PIP) with full coverage and no deductible has not been selected.
COVERAGES	Cost (\$)	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES	Deductible Applicable to Named Insured only	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured.
COVERAGES	Deductible Applicable to Named Insured and Member of his or her Household	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured and household members.
COVERAGES	\$250 (checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible is \$250.
COVERAGES	Cost (\$)	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES	\$500 (checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible is \$500.
COVERAGES	Cost (\$)	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES	\$1,000 (checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible is \$1000.
COVERAGES	Cost (\$)	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES	Restricted Coverage (checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) motorcycle restricted coverage has been selected.
COVERAGES	\$250 (checkbox)	Check the box (if applicable): Indicates motorcycle personal injury protection (MPIP) deductible amount is \$250.
COVERAGES	Cost (\$)	Enter amount: The motorcycle personal injury protection (MPIP) premium amount.
COVERAGES	\$500 (checkbox)	Check the box (if applicable): Indicates motorcycle personal injury protection (MPIP) deductible amount is \$500.
COVERAGES	Cost (\$)	Enter amount: The motorcycle personal injury protection (MPIP) premium amount.
COVERAGES	\$1,000 (checkbox)	Check the box (if applicable): Indicates motorcycle personal injury protection (MPIP) deductible amount is \$1,000.
COVERAGES	Cost (\$)	Enter amount: The motorcycle personal injury protection (MPIP) premium amount.
COVERAGES	Other (checkbox)	Check the box (if applicable): Indicates motorcycle personal injury protection (MPIP) deductible amount is other than those listed.

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COVERAGES	Other Blank Field (\$)	Enter deductible: The motorcycle personal injury protection (MPIP) deductible amount.
COVERAGES	Cost Other (\$)	Enter amount: The motorcycle personal injury protection (MPIP) premium amount.
COVERAGES	3 Physical Damage Collision (checkbox)	Check the box (if applicable): Indicates the named insured requests collision coverage.
COVERAGES	To Reject This Coverage (checkbox)	Check the box (if applicable): Indicates collision coverage has been rejected in its entirety.
COVERAGES	Deductible (\$)	Enter deductible: The collision deductible amount.
COVERAGES	Comprehensive (checkbox)	Check the box (if applicable): Indicates the named insured requests comprehensive coverage.
COVERAGES	To Reject This Coverage (checkbox)	Check the box (if applicable): Indicates comprehensive coverage has been rejected in its entirety.
COVERAGES	Deductible (\$)	Enter deductible: The comprehensive or other than collision deductible amount.
COVERAGES	4 Car Rental Expense Yes (checkbox)	Check the box (if applicable): Indicates the named insured requests rental reimbursement coverage.
COVERAGES	No (checkbox)	Check the box (if applicable): Indicates the named insured does not request rental reimbursement coverage.
COVERAGES	Per Day (\$)	Enter limit: The transportation expense or rental reimbursement per day limit amount.
COVERAGES	Max (\$)	Enter limit: The transportation expense or rental reimbursement maximum limit amount.
COVERAGES	5 Uninsured/ Underinsured Vehicle Coverage Split Limit Minimum Limit (checkbox)	Check the box (if applicable): Indicates the named insured has selected the minimum limits for the coverage.
COVERAGES	Bodily Injury and Property Damage Liability (checkbox)	Check the box (if applicable): Indicates uninsured / underinsured limits equal to bodily injury and property damage limits have been selected.
COVERAGES	Combined Single Limit Minimum Limits (checkbox)	Check the box (if applicable): Indicates the named insured has selected the minimum limits for the coverage.
COVERAGES	Limits Equal to Policy Limit	Check the box (if applicable): Indicates uninsured / underinsured limits equal to combined single limit has been selected.
COVERAGES	Other Limits as shown in Column C	Check the box (if applicable): Indicates the named insured has selected the limits shown.
COVERAGES	Each Person (\$)	Enter limit: The uninsured / underinsured motorists bodily injury per person limit. The use of this limit varies by state. On commercial policies, this may contain the combined single limit per accident amount.

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COVERAGES	Each Accident (\$)	Enter limit: The uninsured / underinsured motorists bodily injury per accident limit (in some states this may contain the uninsured / underinsured motorists combined single limit per accident limit). The use of this limit varies by state.
COVERAGES	Combined Single Limit (\$)	Enter limit: The uninsured / underinsured motorists combined single limit per accident amount. The use of this limit varies by state.
COVERAGES	To Reject This Coverage (checkbox)	Check the box (if applicable): Indicates uninsured / underinsured coverage has been rejected in its entirety.
SIGNATURE	Signature of 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.
SIGNATURE	Signature of 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.
SIGNATURE	Agent's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	Signature of Named 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).