

## ACORD 61 FL (2011/10) - FLORIDA COMMERCIAL AUTO SUPPLEMENT

ACORD 61 FL, Florida Commercial Auto Supplement - Rejection / Election of Uninsured Motorist Coverage, complies with Florida law, which requires that every applicant for auto insurance:

- \* Must receive an explanation of Uninsured Motorists (UM) coverage
- \* Must be offered Uninsured Motorist (UM) coverage equal to the bodily Injury limits in the policy
- \* Must be allowed to select lower limits or reject UM coverage entirely
- \* If accepting UM coverage, can elect non-stacked coverage

This form must be signed by the applicant if Uninsured Motorist coverage less than the policy's Bodily Injury Liability limit(s) is selected or UM is rejected entirely; or if, non-stacked coverage is selected. If UM coverage less than the policy's Bodily Injury Liability limit(s) is selected or UM is rejected entirely, or if, non-stacked coverage is selected, the applicant must initial. Use with any commercial auto application where the named insured is designated as an individual in the Declaration of the auto policy.

In addition, Florida requires that Uninsured Motorist coverage must be offered in umbrella policies when auto liability coverage is included. Use ACORD 61 FL with commercial umbrella applications where the named insured is designated as an individual in the Declaration of the policy.

### Form Page 1

Section Name	Field Name	Description
<b>SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE</b>	<b>Policy will include specifically insured or identified motor vehicle(s) registered or principally garaged in Florida (checkbox)</b>	Check the box (if applicable): Policy will include specifically insured or identified motor vehicle(s) registered or principally garaged in Florida.
<b>SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE</b>	<b>Uninsured Motorist coverage is desired for other than specifically insured or identified motor vehicles(s) registered or principally garaged in Florida (checkbox)</b>	Check the box (if applicable): Uninsured Motorist coverage is desired for other than specifically insured or identified motor vehicles(s) registered or principally garaged in Florida.
<b>SECTION A</b>	<b>I reject Uninsured Motorist Coverage entirely (checkbox)</b>	Check the box (if applicable): Indicates uninsured motorists coverage has been rejected by the named insured.

<b>SECTION A</b>	<b>I select Uninsured Motorist limit(s) equal to my Bodily Injury Liability (checkbox)</b>	Check the box (if applicable): Indicates the named insured has selected uninsured motorists coverage limits listed. As used here, indicates the named insured has selected Uninsured Motorist limits(s) equal to the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage.
<b>SECTION A</b>	<b>I select the following Uninsured Motorist Coverage limit(s) listed on page 2 (checkbox)</b>	Check the box (if applicable): Indicates the named insured has selected uninsured motorists coverage limits listed. As used here, indicates the named insured has selected Uninsured Motorist limits(s) lower than the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage.
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer / agency.
<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>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. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Carrier</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>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>IDENTIFICATION SECTION</b>	<b>Named Insured(s)</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.

### Form Page 2

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<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>SECTION A</b>	<b>Split Limits \$10,000 / 20,000</b>	Check the box (if applicable): Indicates the limits for the uninsured motorists coverage are \$10,000 each person and \$20,000 each accident.
<b>SECTION A</b>	<b>\$25,000 / 50,000</b>	Check the box (if applicable): Indicates the limits for the uninsured motorists coverage are \$25,000 each person and \$50,000 each accident.
<b>SECTION A</b>	<b>\$50,000 / 100,000</b>	Check the box (if applicable): Indicates the limits for the uninsured motorists coverage are \$50,000 each person and \$100,000 each accident.
<b>SECTION A</b>	<b>\$100,000 / 300,000</b>	Check the box (if applicable): Indicates the limits for the uninsured motorists coverage are \$100,000 each person and \$300,000 each accident.

<b>SECTION A</b>	<b>\$250,000 / 500,000</b>	Check the box (if applicable): Indicates the limits for the uninsured motorists coverage are \$250,000 each person and \$500,000 each accident.
<b>SECTION A</b>	<b>\$500,000 / 1,000,000</b>	Check the box (if applicable): Indicates the limits for uninsured motorist coverage is \$500,000 each person \$1,000,000 each accident.
<b>SECTION A</b>	<b>Other amount indicator</b>	Check the box (if applicable): Indicates uninsured motorist coverage of an other limit have been selected.
<b>SECTION A</b>	<b>Other: \$</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>SECTION A</b>	<b>Other: \$</b>	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.
<b>SECTION A</b>	<b>Combined Single Limit \$20,000</b>	Check the box (if applicable): Indicates the limit for the uninsured motorist coverage combined single limit coverage is \$20,000.
<b>SECTION A</b>	<b>\$50,000</b>	Check the box (if applicable): Indicates the uninsured motorist coverage combined single limit coverage is \$50,000.
<b>SECTION A</b>	<b>\$100,000</b>	Check the box (if applicable): Indicates the limit for the uninsured motorists combined single limit coverage is \$100,000.
<b>SECTION A</b>	<b>\$250,000</b>	Check the box (if applicable): Indicates the limit for the uninsured motorists combined single limit coverage is \$250,000.
<b>SECTION A</b>	<b>\$300,000</b>	Check the box (if applicable): Indicates the limit for the uninsured motorists combined single limit coverage is \$300,000.
<b>SECTION A</b>	<b>\$500,000</b>	Check the box (if applicable): Indicates the limit for the uninsured motorists combined single limit coverage is \$500,000.
<b>SECTION A</b>	<b>\$1,000,000</b>	Check the box (if applicable): Indicates the limit for the uninsured motorist coverage combined single limit coverage is \$1,000,000.
<b>SECTION A</b>	<b>Other amount indicator</b>	Check the box (if applicable): Indicates uninsured motorist coverage of an other limit have been selected.
<b>SECTION A</b>	<b>Other: \$</b>	Enter limit: The limit associated with uninsured motorist coverage.
<b>SECTION A</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SECTION A</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SECTION B</b>	<b>I select the following Uninsured Motorist Coverage limit(s) (checkbox)</b>	Check the box (if applicable): Indicates the named insured has selected uninsured motorists coverage limits listed.

<b>SECTION B</b>	<b>Combined Single Limit (checkbox)</b>	Check the box (if applicable): Indicates the named insured selects uninsured motorists coverage with a combined single limit.
<b>SECTION B</b>	<b>Combined Single Limit amount</b>	Enter limit: The uninsured motorists combined single limit per accident limit amount.
<b>SECTION B</b>	<b>Bodily Injury Liability Limits (checkbox)</b>	Check the box (if applicable): Indicates that Uninsured Motorist Bodily Injury limits have been selected.
<b>SECTION B</b>	<b>\$ each person</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>SECTION B</b>	<b>\$ each accident</b>	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.
<b>SECTION B</b>	<b>I reject the following Uninsured Motorist Coverage limit (s) (checkbox)</b>	Check the box (if applicable): Indicates uninsured motorists coverage has been rejected by the named insured.
<b>SIGNATURE</b>	<b>Applicant's 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 applicant or named insured. (MM/DD/YYYY)

**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<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>SECTION C</b>	<b>I hereby elect the non-stacked form of Uninsured Motorist Coverage (checkbox)</b>	Check the box (if applicable): Indicates the uninsured motorists coverage is not stacked.
<b>SECTION C</b>	<b>I hereby elect the stacked form of Uninsured Motorist Coverage (checkbox)</b>	Check the box (if applicable): Indicates the uninsured motorists coverage is stacked.
<b>SECTION C</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SECTION C</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)