

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 05/08/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 61 ID (2009/01)	Idaho Auto Supplement, Idaho Uninsured Motorist and Underinsured Motorist Disclosure Statement	<p>The title of the form. ACORD 61 ID, Idaho Auto Supplement, Idaho Uninsured Motorist and Underinsured Motorist Disclosure Statement, complies with Idaho law and regulations, which require that the insured:</p> <ul style="list-style-type: none"> * Must be offered Uninsured Motorist Bodily Injury coverage and Underinsured Motorist Bodily Injury coverage; * Can reject Uninsured Motorist Bodily Injury coverage completely; * Can reject Underinsured Motorist Bodily Injury coverage completely. <p>Any of these rejection options must be agreed to in writing by the insured. Use this form with ACORD 90 ID, and all commercial auto applications.</p>
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. As used here, in general, policy numbers will not appear on new business applications since they are not known at that point in time.
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.
UNINSURED AND UNDERINSURED MOTORIST COVERAGE WAIVER	Insurer	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. As used here, the placement of these fields is required by the Idaho Department of Insurance.

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UNINSURED AND UNDERINSURED MOTORIST COVERAGE WAIVER	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. As used here, in general, policy numbers will not appear on new business applications since they are not known at that point in time. The placement of these fields is required by the Idaho Department of Insurance.
UNINSURED AND UNDERINSURED MOTORIST COVERAGE WAIVER	I hereby reject Uninsured Motorist Bodily Injury Coverage	Check the box (if applicable): Indicates uninsured motorists coverage has been rejected by the named insured.
UNINSURED AND UNDERINSURED MOTORIST COVERAGE WAIVER	I hereby reject Underinsured Motorist Bodily Injury Coverage	Check the box (if applicable): Indicates underinsured motorists coverage has been rejected by the named insured.
UNINSURED AND UNDERINSURED MOTORIST COVERAGE WAIVER	Named Insured	Sign here: Accommodates the signature of the applicant or named insured.
UNINSURED AND UNDERINSURED MOTORIST COVERAGE WAIVER	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).