

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> ACORD 61 RI (2012/12)	<b>Rhode Island Auto Supplement, Uninsured/Underinsured Motorist Bodily Injury Coverage, Rejection Notice and Warning</b>	The title of the form. ACORD 61 RI, Rhode Island Auto Supplement, Uninsured/Underinsured Motorist Bodily Injury Coverage, Rejection Notice and Warning, is required by law if Uninsured/Underinsured Motorist Bodily Injury coverage is rejected. It provides a warning to the insured regarding the consequences of rejecting Uninsured/Underinsured Motorist coverage, and provides for the signature of all named insureds if coverage is rejected.  Use with ACORD 90 RI, 290 RI and all commercial auto applications.
<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>Named Insured(s)</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<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 NAIC.
<b>UNINSURED UNDERINSURED MOTORISTS BODILY INJURY COVERAGE</b>	<b>Named Insured #1</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>UNINSURED UNDERINSURED MOTORISTS BODILY INJURY COVERAGE</b>	<b>Signed</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>UNINSURED UNDERINSURED MOTORISTS BODILY INJURY COVERAGE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>UNINSURED UNDERINSURED MOTORISTS BODILY INJURY COVERAGE</b>	<b>Named Insured #2</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.

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<b>UNINSURED UNDERINSURED MOTORISTS BODILY INJURY COVERAGE</b>	<b>Signed</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>UNINSURED UNDERINSURED MOTORISTS BODILY INJURY COVERAGE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>IDENTIFICATION SECTION</b>	<b>Policy/Binder 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.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).