

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 02/05/2010.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 62 NV (2001/05)	Nevada Umbrella Supplement	The title of the form. ACOR 62 NV, Nevada Umbrella Supplement, must be used to comply with Nevada law, whenever an umbrella policy is offered to an individual. The form must be used to indicate whether or not uninsured/underinsured motorists coverage is included. Use with ACORD umbrella applications.
IDENTIFICATION SECTION	Producer	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.
UNINSURED/UNDERINSURED VEHICLE COVERAGE	Policy Does Provide Coverage (checkbox)	Check the box (if applicable): Indicates that uninsured motorists coverage is available.
UNINSURED/UNDERINSURED VEHICLE COVERAGE	Minimum coverage (\$)	Enter limit: The limit for personal umbrella uninsured motorists coverage (not applicable in all states).
UNINSURED/UNDERINSURED VEHICLE COVERAGE	Insured	Sign here: Accommodates the signature of the applicant or named insured.
UNINSURED/UNDERINSURED VEHICLE COVERAGE	Date	Enter date: The date the form was signed by the named insured.
UNINSURED/UNDERINSURED VEHICLE COVERAGE	Policy Does Not Provide Coverage (checkbox)	Check the box (if applicable): Indicates that uninsured motorists coverage is not available.
UNINSURED/UNDERINSURED VEHICLE COVERAGE	Insured	Sign here: Accommodates the signature of the applicant or named insured.

Section Name	Field Name	Field and/or Section Description
UNINSURED/UNDERINSURED VEHICLE COVERAGE	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).