Section Name	Field Name	Field and/or Section Description
		The title of the form. ACORD 62 OH, Ohio Auto Supplement - Optional Disclosure Notice
		for Uninsured Motorist Property Damage, may be used to provide insureds with additional
		information about their Uninsured Motorist Property Damage coverage options. This form
TITLE		may be used with ACORD 90 OH, Ohio Personal Insurance Application or ACORD 137
ACORD 62 OH (2011/05)	Ohio Auto Supplement	Ohio Commercial Auto Coverages / Limits Section.
		Enter identifier: The customer's identification number assigned by the producer (e.g.
IDENTIFICATION SECTION	Agency Customer ID	agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
		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
IDENTIFICATION SECTION	Policy Number	required for self-insurance, the self-insured license or contract number.
		Enter date: The effective date of the policy. The date that the terms and conditions of the
IDENTIFICATION SECTION	Effective Date	policy commence.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
	1	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.
IDENTIFICATION SECTION	Carrier	This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter and a The identification and assigned to the insurer by the NAIC
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
	Data	The edition identifier of the form including the form number and edition (the date is
Edition	Date	typically formatted YYYY/MM).