

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 07/24/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 64 CO (2009/01)	Colorado Auto Supplement, Colorado Offer of Medical Payments Coverage	The title of the form. ACORD 64 CO, Colorado Auto Supplement, Colorado Offer of Medical Payments Coverage, is used to comply with Colorado statutes and regulations that require notification to existing personal auto policyholders that every policy must include Medical Payments coverage with a limit of at least \$5,000, and that higher limits are available. The insured can reject coverage in writing. Motorcycles, motor scooters, motor bikes and similar vehicles are exempt from these requirements.
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.
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.
OFFER OF MEDICAL PAYMENTS COVERAGE	Initials: I select Standard Medical Payments Coverage limits of \$5,000 per person.	Initial here: The named insured's initials. As used here, indicates the insured has selected Standard Medical Payments Coverage limits of \$5,000 per person.
OFFER OF MEDICAL PAYMENTS COVERAGE	The premium for this coverage is:	Enter amount: The medical payments premium amount.
OFFER OF MEDICAL PAYMENTS COVERAGE	Excess Medical Payments Coverage limit 1	Enter limit: The excess medical payment per person limit amount. As used here, this information is to indicate a limit available and its associated premium.
OFFER OF MEDICAL PAYMENTS COVERAGE	Excess Medical Payments Coverage premium 1	Enter amount: The premium amount associated with excess medical payments coverage. As used here, this information is to indicate a limit available and its associated premium.
OFFER OF MEDICAL PAYMENTS COVERAGE	Excess Medical Payments Coverage limit 2	Enter limit: The excess medical payment per person limit amount. As used here, this information is to indicate a limit available and its associated premium.

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OFFER OF MEDICAL PAYMENTS COVERAGE	Excess Medical Payments Coverage premium 2	Enter amount: The premium amount associated with excess medical payments coverage. As used here, this information is to indicate a limit available and its associated premium.
OFFER OF MEDICAL PAYMENTS COVERAGE	Excess Medical Payments Coverage limit 3	Enter limit: The excess medical payment per person limit amount. As used here, this information is to indicate a limit available and its associated premium.
OFFER OF MEDICAL PAYMENTS COVERAGE	Excess Medical Payments Coverage premium 3	Enter amount: The premium amount associated with excess medical payments coverage. As used here, this information is to indicate a limit available and its associated premium.
OFFER OF MEDICAL PAYMENTS COVERAGE	Excess Medical Payments Coverage limit 4	Enter limit: The excess medical payment per person limit amount. As used here, this information is to indicate a limit available and its associated premium.
OFFER OF MEDICAL PAYMENTS COVERAGE	Excess Medical Payments Coverage premium 4	Enter amount: The premium amount associated with excess medical payments coverage. As used here, this information is to indicate a limit available and its associated premium.
OFFER OF MEDICAL PAYMENTS COVERAGE	Initials: I select Excess Medical Payments Coverage limits of per person.	Initial here: The named insured's initials. As used here, indicates the insured has selected Excess Medical Payments Coverage with the limit listed.
OFFER OF MEDICAL PAYMENTS COVERAGE	Medical Payments Coverage Limit	Enter limit: The excess medical payment per person limit amount. As used here, this is the limit that has been selected by the insured.
OFFER OF MEDICAL PAYMENTS COVERAGE	Initials: I reject Medical Payments Coverage in its entirety.	Initial here: The named insured's initials. As used here, indicates the insured has rejected Medical Payments Coverage in its entirety.
OFFER OF MEDICAL PAYMENTS COVERAGE	Named Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
OFFER OF MEDICAL PAYMENTS 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).