

Section Name	Field Name	Field and/or Section Description
<p><b>TITLE</b> <b>ACORD 27 (2009/12)</b></p>	<p><b>Evidence of Property Insurance</b></p>	<p>The title of the form. ACORD 27, Evidence of Property Insurance, provides a coverage statement for mortgagees and loss payees who provide mortgages or loans on residential property, personal property or small commercial properties, and are named in the policy.</p> <p>ACORD 27, Evidence of Property Insurance, provides information about coverages currently in force on a policy.</p> <p>Research reveals that information included on the form satisfies requirements of mortgagees in most situations. Discussions with various lenders indicate that inclusion of items such as coinsurance are not important with respect to Personal Lines policies or small commercial policies. The primary concern is that the amount of insurance is sufficient to cover the amount of the loan. Sufficient space is provided in the Coverage and Remarks sections of the form to include any additional information that may be required.</p> <p>Although many lenders pay the premium for certain types of policies such as Homeowners, inclusion of the premium amount is inappropriate on the EPI. This information will be communicated to the payor via an invoice.</p> <p><b>IMPORTANT</b></p> <p>Use ACORD 28, Evidence of Commercial Property Insurance, to provide information to mortgagees and loss payees who provide mortgages or loans on real property or personal property insured under a Commercial Lines policy and more detail is required by the mortgagee or loss payee.</p>

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b>		<p><b>IMPORTANT</b></p> <p>Iowa, Kansas, Kentucky, Louisiana, Minnesota, Missouri, North Carolina, North Dakota, Oklahoma, Utah and Wisconsin require the filing of certificate of insurance forms. ACORD has filed all of its certificates in these states. In these states, the text of ACORD's certificates cannot be modified, unless the modified form is filed for approval by the respective state Department of Insurance.</p> <p>Additionally, virtually every other state will not allow any change in a certificate of insurance that would attempt to modify a policy unless the revised certificate is filed and approved. In these states, this form can only be changed to reflect the terms and conditions of the policy on which it is reporting. Such change(s) must be approved in advance by the insurance carrier that issued such policy.</p>
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line two of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Phone (A/C, No, Ext)</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Fax (A/C, No)</b>	Enter number: The fax number of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>E-Mail Address</b>	Enter text: The producer's contact person e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	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).
<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>Company</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>		Enter text: The first line of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>		Enter text: The second line of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>		Enter text: The city of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>		Enter code: The state or province of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>		Enter code: The postal code of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>Insured</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address line two.
<b>IDENTIFICATION SECTION</b>		Enter text: The named insured's mailing address city name.
<b>IDENTIFICATION SECTION</b>		Enter code: The named insured's mailing address state or province code.
<b>IDENTIFICATION SECTION</b>		Enter code: The named insured's mailing address postal code.
<b>IDENTIFICATION SECTION</b>	<b>Loan Number</b>	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
<b>IDENTIFICATION SECTION</b>	<b>Policy 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.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Continued Until Terminated if Checked	Check the box (if applicable): Indicates the policy is issued on a Continuous basis.
IDENTIFICATION SECTION	This Replaces Prior Evidence Dated	Enter date: The date the prior Evidence of Property Insurance, which this form replaces, was issued to this additional interest.
PROPERTY INFORMATION	Location/Description	Enter text: The description of the property. For buildings, provide the street address and a brief description of the occupancy of the building (e.g., 123 Johnston Ave, Endicott - one-family dwelling with detached two car garage, or Route 66, five miles south of intersection with I99 - 12 X 12 Storage Building). For other property items, such as inland marine scheduled property (for lessor information), describe the item specifically.
COVERAGE INFORMATION	Coverage / Perils / Forms	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
COVERAGE INFORMATION	Amount of Insurance	Enter limit: The amount of insurance for the associated coverage.
COVERAGE INFORMATION	Deductible	Enter deductible: The deductible for the associated coverage.
COVERAGE INFORMATION	Coverage / Perils / Forms	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
COVERAGE INFORMATION	Amount of Insurance	Enter limit: The amount of insurance for the associated coverage.
COVERAGE INFORMATION	Deductible	Enter deductible: The deductible for the associated coverage.
COVERAGE INFORMATION	Coverage / Perils / Forms	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
COVERAGE INFORMATION	Amount of Insurance	Enter limit: The amount of insurance for the associated coverage.
COVERAGE INFORMATION	Deductible	Enter deductible: The deductible for the associated coverage.
COVERAGE INFORMATION	Coverage / Perils / Forms	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
COVERAGE INFORMATION	Amount of Insurance	Enter limit: The amount of insurance for the associated coverage.
COVERAGE INFORMATION	Deductible	Enter deductible: The deductible for the associated coverage.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>COVERAGE INFORMATION</b>	<b>Coverage / Perils / Forms</b>	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
<b>COVERAGE INFORMATION</b>	<b>Amount of Insurance</b>	Enter limit: The amount of insurance for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Deductible</b>	Enter deductible: The deductible for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Coverage / Perils / Forms</b>	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
<b>COVERAGE INFORMATION</b>	<b>Amount of Insurance</b>	Enter limit: The amount of insurance for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Deductible</b>	Enter deductible: The deductible for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Coverage / Perils / Forms</b>	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
<b>COVERAGE INFORMATION</b>	<b>Amount of Insurance</b>	Enter limit: The amount of insurance for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Deductible</b>	Enter deductible: The deductible for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Coverage / Perils / Forms</b>	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
<b>COVERAGE INFORMATION</b>	<b>Amount of Insurance</b>	Enter limit: The amount of insurance for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Deductible</b>	Enter deductible: The deductible for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Coverage / Perils / Forms</b>	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
<b>COVERAGE INFORMATION</b>	<b>Amount of Insurance</b>	Enter limit: The amount of insurance for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Deductible</b>	Enter deductible: The deductible for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Coverage / Perils / Forms</b>	Enter text: The description of the coverages provided, causes of loss (perils), and the forms attached (e.g., Homeowner - HO3 0792).
<b>COVERAGE INFORMATION</b>	<b>Amount of Insurance</b>	Enter limit: The amount of insurance for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Deductible</b>	Enter deductible: The deductible for the associated coverage.

Section Name	Field Name	Field and/or Section Description
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The additional comments or special conditions that may exist upon the policy. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>ADDITIONAL INTEREST</b>	<b>Name and Address</b>	Enter text: The additional interest's full name.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address line one.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address line two.
<b>ADDITIONAL INTEREST</b>		Enter text: The additional interest's mailing address city name.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's mailing address state or province code.
<b>ADDITIONAL INTEREST</b>		Enter code: The additional interest's mailing address postal code.
<b>ADDITIONAL INTEREST</b>	<b>Mortgagee</b>	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
<b>ADDITIONAL INTEREST</b>	<b>Loss Payee</b>	Check the box (if applicable): Indicates the additional interest type is a loss payee.
<b>ADDITIONAL INTEREST</b>	<b>Additional Insured</b>	Check the box (if applicable): Indicates the additional interest type is an additional insured.
<b>ADDITIONAL INTEREST</b>	<b>Other</b>	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
<b>ADDITIONAL INTEREST</b>	<b>Other Description</b>	Enter text: The description of the type of interest in the item.
<b>ADDITIONAL INTEREST</b>	<b>Loan #</b>	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
<b>ADDITIONAL INTEREST</b>	<b>Authorized Representative</b>	Sign here: Accommodates the signature of the additional interest or authorized representative. As used here, accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states. As used here, the authorized representative by all companies to issue Certificates.
<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).