

Section Name	Field Name	Field and/or Section Description
<p>TITLE ACORD 28 (2011/11)</p>	<p>Evidence of Commercial Property Insurance</p>	<p>The title of the form. ACORD 28, Evidence of Commercial Property Insurance, provides a coverage statement for mortgagees, additional insureds and loss payees who provide mortgages or loans on real property or business personal property insured under a Commercial Lines policy, and are named in the policy.</p> <p>Insurance coverage on large commercial property can have many variables. Coverages, coinsurance percentages, deductibles and other details can vary widely and are important considerations to mortgagees and other lenders. In addition, The Terrorism Risk Insurance Act and the recent increase in exposure to mold and fungus losses have resulted in a greater need to know more about the specific terms of the insurance contract. ACORD 28 provides check boxes and pre-printed text to communicate important insurance details. The intent is to minimize follow-up conversations and correspondence with respect to information that is required in most cases involving large commercial real estate.</p> <p>ACORD 28 provides information about coverages currently in force on a policy.</p> <p>IMPORTANT</p> <p>Use ACORD 27, Evidence of Property Insurance, to provide information to mortgagees and loss payees who provide mortgages or loans on residential property, personal property or small commercial properties where less detail is required by the mortgagee or loss payee.</p>
<p>TITLE</p>		<p>IMPORTANT</p> <p>Iowa, Kansas, Kentucky, Louisiana, Minnesota, Missouri, New Hampshire, 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>

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer Name, Contact Person and Address	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Producer Name, Contact Person and Address	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Producer Name, Contact Person and Address	Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION	Producer Name, Contact Person and Address	Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION	Producer Name, Contact Person and Address	Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION	Producer Name, Contact Person and Address	Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION	Producer Name, Contact Person and Address	Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax (A/C, No)	Enter number: The fax number of the producer/agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person e-mail address.
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	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Named Insured and Address	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.

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IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Additional Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Company Name and Address	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		Enter text: The first line of the insurer's mailing address.
IDENTIFICATION SECTION		Enter text: The second line of the insurer's mailing address.
IDENTIFICATION SECTION		Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The state or province of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The postal code of the insurer's mailing address.
IDENTIFICATION SECTION	NAIC No.	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Policy Type	Enter text: The type of policy issued to the insured (e. g., personal auto, truckers, garage liability, commercial property, builders risk, etc.).
IDENTIFICATION SECTION	Loan Number	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
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	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 was 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.

Section Name	Field Name	Field and/or Section Description
PROPERTY INFORMATION	Building (checkbox)	Check the box (if applicable): Indicates that Building Coverage applies.
PROPERTY INFORMATION	Business Personal Property	Check the box (if applicable): Indicates that Business Personal Property Coverage applies.
PROPERTY INFORMATION	Location/Description	Enter text: The first address line of the physical location.
PROPERTY INFORMATION		Enter text: The second address line of the physical location.
PROPERTY INFORMATION		Enter text: The city of the physical location.
PROPERTY INFORMATION		Enter code: The state or province of the physical location.
PROPERTY INFORMATION		Enter code: The postal code of the physical location.
PROPERTY INFORMATION		Enter text: The description of the location used to differentiate locations such as vacant land, apartment buildings, townhouses, single family dwellings, farms. Provide the number of acres if farm land.
COVERAGE INFORMATION	Basic	Check the box (if applicable): Indicates the type of policy/perils insured is basic.
COVERAGE INFORMATION	Broad	Check the box (if applicable): Indicates the type of policy/perils insured is broad.
COVERAGE INFORMATION	Special	Check the box (if applicable): Indicates the type of policy/perils insured is special.
COVERAGE INFORMATION	Other Peril	Check the box (if applicable): Indicates the type of policy/perils insured is other than those listed.
COVERAGE INFORMATION	Describe Other Peril	Enter text: The description of the type of policy issued to the insured.
COVERAGE INFORMATION	Commercial Property Coverage Amount of Insurance	Enter limit: The limit applicable to the commercial property coverage.
COVERAGE INFORMATION	Deductible	Enter deductible: The deductible applicable to the commercial property coverage.
COVERAGE INFORMATION	Business Income	Check the box (if applicable): Indicates business income coverage applies. As used here, if the mortgage or loan requires Business Income coverage, indicate the applicable limit, or the number of months of coverage if coverage is provided on an actual loss sustained basis.

Section Name	Field Name	Field and/or Section Description
COVERAGE INFORMATION	Rental Value	Check the box (if applicable): Indicates rental value coverage applies. As used here, if the mortgage or loan requires either Rental Value coverage, indicate the applicable limit, or the number of months of coverage if coverage is provided on an actual loss sustained basis.
COVERAGE INFORMATION	Business Income Or Rental Value - Yes	Check the box (if applicable): Indicates business income or rental value coverage exists.
COVERAGE INFORMATION	Business Income Or Rental Value Limit	Enter limit: The limit applicable to the business income or rental value coverage.
COVERAGE INFORMATION	Actual Loss Sustained Checkbox	Check the box (if applicable): Indicates the coverage is on an actual loss sustained basis.
COVERAGE INFORMATION	Actual Loss Sustained Number Of Months	Enter number: The number of months of coverage.
COVERAGE INFORMATION	Business Income Or Rental Value - No	Check the box (if applicable): Indicates business income or rental value coverage does not exist.
COVERAGE INFORMATION	Business Income Or Rental Value - NA	Check the box (if applicable): Indicates business income or rental value coverage is not applicable.
COVERAGE INFORMATION	Blanket Coverage YES	Check the box (if applicable): Indicates blanket coverage exists. As used here, if yes, indicate value(s) reported on properties identified in the Property Information section.
COVERAGE INFORMATION	If YES, Indicate value(s) reported on property identified above	Enter amount: The value for each property in accordance with the valuation method and the subject of insurance.
COVERAGE INFORMATION	Blanket Coverage No	Check the box (if applicable): Indicates blanket coverage does not exist.
COVERAGE INFORMATION	Blanket Coverage N/A	Check the box (if applicable): Indicates blanket coverage is not applicable.
COVERAGE INFORMATION	Terrorism Coverage YES	Check the box (if applicable): Indicates terrorism coverage exists. As used here, if yes, attach Disclosure Notice / DEC.
COVERAGE INFORMATION	Terrorism Coverage No	Check the box (if applicable): Indicates terrorism coverage does not exist.
COVERAGE INFORMATION	Terrorism Coverage N/A	Check the box (if applicable): Indicates terrorism coverage is not applicable.
COVERAGE INFORMATION	Is there a terrorism-specific exclusion? Yes	Check the box (if applicable): Indicates a terrorism exclusion applies.
COVERAGE INFORMATION	Is there a terrorism-specific exclusion? No	Check the box (if applicable): Indicates a terrorism exclusion does not exist.

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COVERAGE INFORMATION	Is there a terrorism-specific exclusion? N/A	Check the box (if applicable): Indicates a terrorism exclusion is not applicable.
COVERAGE INFORMATION	Is domestic terrorism excluded? Yes	Check the box (if applicable): Indicates a domestic terrorism exclusion applies.
COVERAGE INFORMATION	Is domestic terrorism excluded? No	Check the box (if applicable): Indicates a domestic terrorism exclusion does not exist.
COVERAGE INFORMATION	Is domestic terrorism excluded? N/A	Check the box (if applicable): Indicates a domestic terrorism exclusion is not applicable.
COVERAGE INFORMATION	Limited Fungus Coverage YES	Check the box (if applicable): Indicates limited fungus coverage applies. As used here, if yes, indicate the limit for this coverage and the applicable deductible.
COVERAGE INFORMATION	Limited Fungus Coverage Limit	Enter limit: The limit applicable to limited fungus coverage.
COVERAGE INFORMATION	Limited Fungus Coverage Deductible	Enter deductible: The deductible applicable to limited fungus coverage.
COVERAGE INFORMATION	Limited Fungus Coverage No	Check the box (if applicable): Indicates limited fungus coverage does not exist.
COVERAGE INFORMATION	Limited Fungus Coverage N/A	Check the box (if applicable): Indicates limited fungus coverage is not applicable.
COVERAGE INFORMATION	Fungus Exclusion YES	Check the box (if applicable): Indicates a fungus exclusion applies. As used here, if yes, indicate the form number, the form date and the owner (name of organization) of the form.
COVERAGE INFORMATION	Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGE INFORMATION	Form Date	Enter date: The edition date of the form.
COVERAGE INFORMATION	Name of Organization	Enter code: Indicates the entity that has copyright ownership of the form.
COVERAGE INFORMATION	Fungus Exclusion No	Check the box (if applicable): Indicates a fungus exclusion does not exist.
COVERAGE INFORMATION	Fungus Exclusion N/A	Check the box (if applicable): Indicates a fungus exclusion is not applicable.
COVERAGE INFORMATION	Replacement Cost YES	Check the box (if applicable): Indicates replacement cost coverage exists.
COVERAGE INFORMATION	Replacement Cost No	Check the box (if applicable): Indicates replacement cost coverage does not exist.

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COVERAGE INFORMATION	Replacement Cost N/A	Check the box (if applicable): Indicates replacement cost coverage is not applicable.
COVERAGE INFORMATION	Agreed Value YES	Check the box (if applicable): Indicates a valuation type of agreed amount exists.
COVERAGE INFORMATION	Agreed Value No	Check the box (if applicable): Indicates a valuation type of agreed amount does not exist.
COVERAGE INFORMATION	Agreed Value N/A	Check the box (if applicable): Indicates a valuation type of agreed amount is not applicable.
COVERAGE INFORMATION	Co-insurance YES	Check the box (if applicable): Indicates a coinsurance percentage exists. As used here, if yes, indicate percent.
COVERAGE INFORMATION	Co-insurance Percent	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
COVERAGE INFORMATION	Co-insurance No	Check the box (if applicable): Indicates a coinsurance percentage does not exist.
COVERAGE INFORMATION	Co-insurance N/A	Check the box (if applicable): Indicates a coinsurance percentage is not applicable.
COVERAGE INFORMATION	Equipment Breakdown (If applicable) YES	Check the box (if applicable): Indicates equipment breakdown coverage exists. As used here, if yes, indicate the limit for this coverage and the applicable deductible.
COVERAGE INFORMATION	Equipment Breakdown Limit	Enter limit: The limit applicable to equipment breakdown coverage.
COVERAGE INFORMATION	Equipment Breakdown Deductible	Enter deductible: The deductible applicable to equipment breakdown coverage.
COVERAGE INFORMATION	Equipment Breakdown No	Check the box (if applicable): Indicates equipment breakdown coverage does not exist.
COVERAGE INFORMATION	Equipment Breakdown N/A	Check the box (if applicable): Indicates equipment breakdown coverage is not applicable.
COVERAGE INFORMATION	Ordinance or Law - Coverage for loss to undamaged portion of building YES	Check the box (if applicable): Indicates building ordinance or law undamaged portion of building coverage exists.
COVERAGE INFORMATION	Ordinance or Law Coverage for Loss to Undamaged Portion of Bldg Limit	Enter limit: The limit applicable to building ordinance or law coverage for loss to undamaged portion of the building.

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COVERAGE INFORMATION	Ordinance or Law Coverage for Loss to Undamaged Portion of Bldg Deductible	Enter deductible: The deductible applicable to building ordinance or law coverage for loss to undamaged portion of the building.
COVERAGE INFORMATION	Ordinance or Law Coverage to undamaged portion of building No	Check the box (if applicable): Indicates building ordinance or law undamaged portion of building coverage does not exist.
COVERAGE INFORMATION	Ordinance or Law Coverage to undamaged portion of building N/A	Check the box (if applicable): Indicates building ordinance or law undamaged portion of building coverage is not applicable.
COVERAGE INFORMATION	Ordinance or Law Demolition Costs Yes	Check the box (if applicable): Indicates building ordinance or law demolition costs coverage exists. As used here, if yes, indicate the limit for this coverage and the applicable deductible.
COVERAGE INFORMATION	Ordinance or Law Demolition Costs Limit	Enter limit: The limit applicable to building ordinance or law demolition costs coverage.
COVERAGE INFORMATION	Ordinance or Law Demolition Costs Deductible	Enter deductible: The deductible applicable to building ordinance or law demolition costs coverage.
COVERAGE INFORMATION	Ordinance or Law Demolition Costs No	Check the box (if applicable): Indicates building ordinance or law demolition costs coverage does not exist.
COVERAGE INFORMATION	Ordinance or Law Demolition Costs N/A	Check the box (if applicable): Indicates building ordinance or law demolition costs coverage is not applicable.
COVERAGE INFORMATION	Ordinance or Law Increase Cost of Construction Yes	Check the box (if applicable): Indicates building ordinance or law increased cost of construction coverage exists. As used here, if yes, indicate the limit for this coverage and the applicable deductible.
COVERAGE INFORMATION	Ordinance or Law Increase Cost of Construction Limit	Enter limit: The limit applicable to building ordinance or law increased cost of construction coverage.
COVERAGE INFORMATION	Ordinance or Law Increase Cost of Construction Deductible	Enter deductible: The deductible applicable to building ordinance or law increased cost of construction coverage.
COVERAGE INFORMATION	Ordinance or Law Increase Cost of Construction No	Check the box (if applicable): Indicates building ordinance or law increased cost of construction coverage does not exist.
COVERAGE INFORMATION	Ordinance or Law Increase Cost of Construction N/A	Check the box (if applicable): Indicates building ordinance or law increased cost of construction coverage is not applicable.
COVERAGE INFORMATION	Earth Movement Yes	Check the box (if applicable): Indicates earth movement coverage exists. As used here, if yes, indicate the limit for this coverage and the applicable deductible.
COVERAGE INFORMATION	Earth Movement Limit	Enter limit: The limit applicable to earth movement coverage.

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COVERAGE INFORMATION	Earth Movement Deductible	Enter deductible: The deductible applicable to earth movement coverage.
COVERAGE INFORMATION	Earth Movement No	Check the box (if applicable): Indicates earth movement coverage does not exist.
COVERAGE INFORMATION	Earth Movement N/A	Check the box (if applicable): Indicates earth movement coverage is not applicable.
COVERAGE INFORMATION	Flood Yes	Check the box (if applicable): Indicates flood coverage exists. As used here, if yes, indicate the limit for this coverage and the applicable deductible.
COVERAGE INFORMATION	Flood Limit	Enter limit: The limit applicable to flood coverage.
COVERAGE INFORMATION	Flood Deductible	Enter deductible: The deductible applicable to flood coverage.
COVERAGE INFORMATION	Flood No	Check the box (if applicable): Indicates flood coverage does not exist.
COVERAGE INFORMATION	Flood N/A	Check the box (if applicable): Indicates flood coverage is not applicable.
COVERAGE INFORMATION	Wind/Hail (If subject to different provisions) YES	Check the box (if applicable): Indicates wind/hail coverage exists. As used here, if yes, indicate the limit for this coverage and the applicable deductible.
COVERAGE INFORMATION	Wind/Hail If Different Provisions Limit	Enter limit: The limit applicable to wind/hail coverage.
COVERAGE INFORMATION	Wind/Hail If Different Provisions Deductible	Enter deductible: The deductible applicable to wind/hail coverage.
COVERAGE INFORMATION	Wind/Hail If Different Provisions No	Check the box (if applicable): Indicates wind/hail coverage does not exist.
COVERAGE INFORMATION	Wind/Hail If Different Provisions N/A	Check the box (if applicable): Indicates wind/hail coverage is not applicable.
COVERAGE INFORMATION	Permission to waive subrogation in favor of mortgage holder prior to loss Yes	Check the box (if applicable): Indicates the permission to waive subrogation in favor of mortgage holder prior to loss is granted
COVERAGE INFORMATION	Permission to waive subrogation in favor of mortgage holder prior to loss No	Check the box (if applicable): Indicates the permission to waive subrogation in favor of mortgage holder prior to loss is not granted.

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COVERAGE INFORMATION	Permission to waive subrogation in favor of mortgage holder prior to loss N/A	Check the box (if applicable): Indicates the permission to waive subrogation in favor of mortgage holder prior to loss is not applicable.
COVERAGE INFORMATION	Coverage Other Description	Enter text: The description of the coverage.
COVERAGE INFORMATION	Coverage Other Yes	Check the box (if applicable): Indicates the coverage described exists.
COVERAGE INFORMATION	Coverage Other No	Check the box (if applicable): Indicates the coverage described does not exist.
COVERAGE INFORMATION	Coverage Other N/A	Check the box (if applicable): Indicates the coverage described is not applicable.
COVERAGE INFORMATION	Coverage Other Limit and/or Deductible Text	Enter text: The additional information required for the coverage. This may include limits and deductibles.
ADDITIONAL INTEREST	Mortgagee Checkbox	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Lender Loss Payable Checkbox	Check the box (if applicable): Indicates the additional interest type is a lenders loss payable.
ADDITIONAL INTEREST	Contract of Sale Checkbox	Check the box (if applicable): Indicates the additional interest type is a contract of sale.
ADDITIONAL INTEREST	Other Checkbox	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST	Other Description	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST	Name and Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Lender Servicing Agent Name and Address	Enter text: The additional interest's full name. As used here, this is the lender servicing agent.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one. As used here, this is the lender servicing agent.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two. As used here, this is the lender servicing agent.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name. As used here, this is the lender servicing agent.

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ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code. As used here, this is the lender servicing agent.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code. As used here, this is the lender servicing agent.
ADDITIONAL INTEREST	Authorized Representative	Sign 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.
REMARKS	REMARKS	Enter text: The Evidence Of Commercial Property Insurance general remarks.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).