

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 29 (2010/12)</b>	<b>Evidence of Flood Insurance</b>	<p>The title of the form. ACORD 29, Evidence of Flood Insurance, provides a coverage statement for mortgagees, additional insureds and loss payees. The form may also be used for condominium unit owner mortgagees.</p> <p>ACORD 29, Evidence of Flood Insurance, provides information about coverages currently in force on a policy. For NFIP policies, this form can only be used for issued or existing NFIP policies. A separate Evidence of Flood Insurance is needed for each building.</p> <p>Research reveals that information included on the form satisfies requirements of mortgagees in most situations. For NFIP policies, the statutory requirements for flood insurance must be at minimum the lowest of, but may exceed, the following: The outstanding balance of the loan(s), the insurable value (replacement cost value), or the maximum amount of insurance available under the NFIP for the type of property. Sufficient space is provided in the Remarks section 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 form. This information will be communicated to the payor via an invoice.</p>
<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>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Producer</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 1</b>	Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 2</b>	Enter text: The mailing address line two of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Named Insured And Address</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 1</b>	Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 2</b>	Enter text: The named insured's mailing address line two.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The named insured's mailing address city name.
<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The named insured's mailing address state or province code.
<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The named insured's mailing address postal code.
<b>IDENTIFICATION SECTION</b>	<b>Contact Name</b>	Enter text: The name of the individual at the producer's establishment that is the primary contact.
<b>IDENTIFICATION SECTION</b>	<b>Phone</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</b>	Enter number: The producer's contact person's fax number.
<b>IDENTIFICATION SECTION</b>	<b>Email Address</b>	Enter text: The producer's contact person e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Producer Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Insurer A	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 #	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Insurer 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.
IDENTIFICATION SECTION	NAIC #	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Insurer C	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 #	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Evidence Number	Enter number: The producer assigned evidence number for the certificate.
IDENTIFICATION SECTION	Revision Number	Enter number: The producer assigned revision number for the certificate.
IDENTIFICATION SECTION	Page Count	Enter number: The total number of pages applicable to this form (e.g., Page 1 of 4). If only one page, indicate Page 1 of 1.
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	Address Line 1	Enter text: The first address line of the physical location.
PROPERTY INFORMATION	Address Line 2	Enter text: The second address line of the physical location.
PROPERTY INFORMATION	City	Enter text: The city of the physical location.
PROPERTY INFORMATION	State	Enter code: The state or province of the physical location.
PROPERTY INFORMATION	Zip	Enter code: The postal code of the physical location.

Section Name	Field Name	Field and/or Section Description
<b>PROPERTY INFORMATION</b>	<b>Description</b>	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. As used here, the description of the location used to identify the insured building, including details such as the building use and number. If unit owner of a condominium association, include unit owner name and unit number. If unit owner on a dwelling form, include condominium association name and unit number.
<b>COVERAGE/RISK INFORMATION</b>	<b>Date of Construction</b>	Enter date: The date the structure was constructed. As used here, the date the building was constructed as per the flood insurance application.
<b>COVERAGE/RISK INFORMATION</b>	<b>Current Flood Zone</b>	Enter code: The code indicating the updated Flood Insurance Rate Map (FIRM) flood zone on which the property is located.
<b>COVERAGE/RISK INFORMATION</b>	<b>Rate Flood Zone</b>	Enter code: The code indicating the flood zone used for rating the policy, as shown on the flood insurance policy declaration. Refer to Definitions of FEMA Flood Zone Designations.
<b>COVERAGE/RISK INFORMATION</b>	<b>Grandfathered? Y/N</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the building coverage is grandfathered for flood.
<b>COVERAGE/RISK INFORMATION</b>	<b>Replacement Cost</b>	Enter amount: The estimated total dollar amount required to rebuild the residence without depreciation.
<b>COVERAGE/RISK INFORMATION</b>	<b>Unit Owner</b>	Check the box (if applicable): Indicates the condo coverage is for a single unit. As used here, indicates coverage is for the unit owner.
<b>COVERAGE/RISK INFORMATION</b>	<b>Association Building</b>	Check the box (if applicable): Indicates the condo coverage is for an entire building.
<b>COVERAGE/RISK INFORMATION</b>	<b># Units</b>	Enter number: The number of separate units in structure (including non-residential).
<b>COVERAGE/RISK INFORMATION</b>	<b>Single Family</b>	Check the box (if applicable): Indicates the residence is occupied by one family.
<b>COVERAGE/RISK INFORMATION</b>	<b>2-4 Family</b>	Check the box (if applicable): Indicates the residence is occupied by 2 - 4 families.
<b>COVERAGE/RISK INFORMATION</b>	<b>Other Occupancy</b>	Check the box (if applicable): Indicates occupancy type is other.
<b>COVERAGE/RISK INFORMATION</b>	<b>Describe Other Occupancy</b>	Enter text: The description of the building's occupancy.
<b>COVERAGE/RISK INFORMATION</b>	<b>Other Residential</b>	Check the box (if applicable): Indicates the residence is occupied by other than those types listed.
<b>COVERAGE/RISK INFORMATION</b>	<b>Non-Residential</b>	Check the box (if applicable): Indicates the residence is non-residential (i.e. hotel / motel).

Section Name	Field Name	Field and/or Section Description
COVERAGE/RISK INFORMATION	Residential	Check the box (if applicable): Indicates that the contents coverage type is residential.
COVERAGE/RISK INFORMATION	Non-Residential	Check the box (if applicable): Indicates that the contents coverage type is non residential.
COVERAGE/RISK INFORMATION	Other Contents Coverage Type	Check the box (if applicable): Indicates that the contents coverage type is other than those listed.
COVERAGE/RISK INFORMATION	Other Contents Coverage Type Description	Enter text: The description of the contents coverage.
PRIMARY POLICY	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.
PRIMARY POLICY	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
PRIMARY POLICY	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
PRIMARY POLICY	Ins Letter	Enter code: The Company Letter of the insurer (A-C), as identified in the "Insurer(s) Affording Coverage" form section, associated with the flood policy.
PRIMARY POLICY	Building Deductible	Enter deductible: The deductible amount for building coverage.
PRIMARY POLICY	Building Total Amt of Ins	Enter limit: The limit amount for basic building coverage.
PRIMARY POLICY	Contents Deductible	Enter deductible: The deductible amount for contents coverage.
PRIMARY POLICY	Contents Total Amt of Ins	Enter limit: The limit amount for basic contents coverage.
PRIMARY POLICY	NFIP/WYO	Check the box (if applicable): Indicates the market is NFIP / WYO.
PRIMARY POLICY	Private/Alt Market	Check the box (if applicable): Indicates the market is private or alternate.
PRIMARY POLICY	Dwelling Form Policy	Check the box (if applicable): Indicates the policy is a dwelling / residential policy.
PRIMARY POLICY	General Property Form Policy	Check the box (if applicable): Indicates policy type is general property.
PRIMARY POLICY	Other Forms/Policy Type	Check the box (if applicable): Indicates the form/policy type is other than those listed.
PRIMARY POLICY	Describe Other Forms/Policy Type	Enter text: The description of the form/policy type.
PRIMARY POLICY	Mortgage Portfolio Protection Program	Check the box (if applicable): Indicates policy type is mortgage portfolio
PRIMARY POLICY	Residential Condo Bldg Assn Policy	Check the box (if applicable): Indicates policy type is residential condominium building association.
EXCESS POLICY 1	Policy Number	Enter identifier: The policy number of the excess flood policy.
EXCESS POLICY 1	Effective Date	Enter date: The date on which the terms and conditions of the excess flood commence.

Section Name	Field Name	Field and/or Section Description
EXCESS POLICY 1	Expiration Date	Enter date: The date on which the terms and conditions of the excess flood policy expires.
EXCESS POLICY 1	Ins Letter	Enter code: The Company Letter of the insurer (A-C), as identified in the "Insurer(s) Affording Coverage" form section, associated with the flood policy.
EXCESS POLICY 1	Building Deductible	Enter deductible: The deductible amount for building coverage.
EXCESS POLICY 1	Building Total Amt of Ins	Enter limit: The limit amount for basic building coverage.
EXCESS POLICY 1	Contents Deductible	Enter deductible: The deductible amount for contents coverage.
EXCESS POLICY 1	Contents Total Amt of Ins	Enter limit: The limit amount for basic contents coverage.
EXCESS POLICY 1	NFIP/WYO	Check the box (if applicable): Indicates the market is NFIP / WYO.
EXCESS POLICY 1	Private/Alt Market	Check the box (if applicable): Indicates the market is private or alternate.
EXCESS POLICY 1	Indicates Excess Policy is a "Following Form" Policy Type	Check the box (if applicable): Indicates excess policy is a "following form" policy type.
EXCESS POLICY 1	Dwelling Form Policy	Check the box (if applicable): Indicates the policy is a dwelling / residential policy.
EXCESS POLICY 1	General Property Form Policy	Check the box (if applicable): Indicates policy type is general property.
EXCESS POLICY 1	Other Forms/Policy Type	Check the box (if applicable): Indicates the form/policy type is other than those listed.
EXCESS POLICY 1	Describe Other Forms/Policy Type	Enter text: The description of the form/policy type.
EXCESS POLICY 1	Mortgage Portfolio Protection Program	Check the box (if applicable): Indicates policy type is mortgage portfolio
EXCESS POLICY 1	Residential Condo Bldg Assn Policy	Check the box (if applicable): Indicates policy type is residential condominium building association.
EXCESS POLICY 1	Business Income	Check the box (if applicable): Indicates Business Income coverage applies.
EXCESS POLICY 1	Extra Expense	Check the box (if applicable): Indicates Extra Expense coverage applies.
EXCESS POLICY 1	Additional Living Expense	Check the box (if applicable): Indicates Additional Living Expense coverage applies.
EXCESS POLICY 1	Limit	Enter limit: The applicable limit for additional living expense coverage if the mortgage or loan requires Extra Expense or Additional Living Expense coverage. Use Remarks section to enter more than one limit.
EXCESS POLICY 1	Actual Loss Sustained	Check the box (if applicable): Indicates the coverage is on an actual loss sustained basis.
EXCESS POLICY 1	# of Months	Enter number: The number of months of coverage if coverage is provided on an actual loss sustained basis.
EXCESS POLICY 2	Policy Number	Enter identifier: The policy number of the excess flood policy.
EXCESS POLICY 2	Effective Date	Enter date: The date on which the terms and conditions of the excess flood commence.

Section Name	Field Name	Field and/or Section Description
EXCESS POLICY 2	Expiration Date	Enter date: The date on which the terms and conditions of the excess flood policy expires.
EXCESS POLICY 2	Ins Letter	Enter code: The Company Letter of the insurer (A-C), as identified in the "Insurer(s) Affording Coverage" form section, associated with the flood policy.
EXCESS POLICY 2	Building Deductible	Enter deductible: The deductible amount for building coverage.
EXCESS POLICY 2	Building Total Amt of Ins	Enter limit: The limit amount for basic building coverage.
EXCESS POLICY 2	Contents Deductible	Enter deductible: The deductible amount for contents coverage.
EXCESS POLICY 2	Contents Total Amt of Ins	Enter limit: The limit amount for basic contents coverage.
EXCESS POLICY 2	NFIP/WYO	Check the box (if applicable): Indicates the market is NFIP / WYO.
EXCESS POLICY 2	Private/Alt Market	Check the box (if applicable): Indicates the market is private or alternate.
EXCESS POLICY 2	Indicates Excess Policy is a "Following Form" Policy Type	Check the box (if applicable): Indicates excess policy is a "following form" policy type.
EXCESS POLICY 2	Dwelling Form Policy	Check the box (if applicable): Indicates the policy is a dwelling / residential policy.
EXCESS POLICY 2	General Property Form Policy	Check the box (if applicable): Indicates policy type is general property.
EXCESS POLICY 2	Other Forms/Policy Type	Check the box (if applicable): Indicates the form/policy type is other than those listed.
EXCESS POLICY 2	Describe Other Forms/Policy Type	Enter text: The description of the form/policy type.
EXCESS POLICY 2	Mortgage Portfolio Protection Program	Check the box (if applicable): Indicates policy type is mortgage portfolio
EXCESS POLICY 2	Residential Condo Bldg Assn Policy	Check the box (if applicable): Indicates policy type is residential condominium building association.
EXCESS POLICY 2	Business Income	Check the box (if applicable): Indicates Business Income coverage applies.
EXCESS POLICY 2	Extra Expense	Check the box (if applicable): Indicates Extra Expense coverage applies.
EXCESS POLICY 2	Additional Living Expense	Check the box (if applicable): Indicates Additional Living Expense coverage applies.
EXCESS POLICY 2	Limit	Enter limit: The applicable limit for additional living expense coverage if the mortgage or loan requires Extra Expense or Additional Living Expense coverage. Use Remarks section to enter more than one limit.
EXCESS POLICY 2	Actual Loss Sustained	Check the box (if applicable): Indicates the coverage is on an actual loss sustained basis.
EXCESS POLICY 2	# of Months	Enter number: The number of months of coverage if coverage is provided on an actual loss sustained basis.
REMARKS	Remarks	Enter text: The additional comments or special conditions that may exist. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ADDITIONAL INTEREST	Name and Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST	Address Line 1	Enter text: The additional interest's mailing address line one.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>ADDITIONAL INTEREST</b>	<b>Address Line 2</b>	Enter text: The additional interest's mailing address line two.
<b>ADDITIONAL INTEREST</b>	<b>City</b>	Enter text: The additional interest's mailing address city name.
<b>ADDITIONAL INTEREST</b>	<b>State</b>	Enter code: The additional interest's mailing address state or province code.
<b>ADDITIONAL INTEREST</b>	<b>Zip</b>	Enter code: The additional interest's mailing address postal code.
<b>ADDITIONAL INTEREST</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>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>Unit-Owners Mortgagee</b>	Check the box (if applicable): Indicates the additional interest type is unit-owner's mortgagee.
<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 Additional Interest</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>Describe Other Additional Interest</b>	Enter text: The description of the type of interest in the item.
<b>ADDITIONAL INTEREST</b>	<b>Primary</b>	Check the box (if applicable): Indicates the additional interest has been added or named to the policy. As used here, indicates the additional interest has been added to the primary policy.
<b>ADDITIONAL INTEREST</b>	<b>Excess Policy 1</b>	Check the box (if applicable): Indicates the additional interest has been added or named to the policy. As used here, indicates the additional interest has been added excess policy #1.
<b>ADDITIONAL INTEREST</b>	<b>Excess Policy 2</b>	Check the box (if applicable): Indicates the additional interest has been added or named to the policy. As used here, indicates the additional interest has been added to excess policy #2.
<b>SIGNATURE</b>	<b>Authorized Representative</b>	Sign here: Accommodates the signature of the additional interest or authorized representative.
<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).