

ACORD 24 (2016/03) - CERTIFICATE OF PROPERTY INSURANCE

ACORD 24, Certificate of Property Insurance, is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed on the certificate.

The purpose of the certificate is to provide information to an interested third party regarding insurance that is in force at the time of certificate issuance. Although many companies provide notice of cancellation to certificate holders, they are not obligated to do so unless such requirement is set forth in the policy itself directly or by endorsement to the policy.

If the receiver of the form wants to verify that property coverage exists on a policy and has no direct interest in the policy, use ACORD 24, Certificate of Property Insurance. However, if the receiver of the form does have a verifiable insurable interest in the policy, such as a mortgagee or a lender, consider using ACORD 27, Evidence of Property Insurance, when the property is insured under a Personal Lines or small Commercial policy. When the property is insured under a Commercial Lines policy with a large limit and the lender requires specific detailed coverage information, consider using ACORD 28, Evidence of Commercial Property Insurance.

To provide information to the owner of a leased motor vehicle or equipment, or the lender about both liability and physical damage or property coverages applying to a vehicle or equipment, use ACORD 23, Vehicle or Equipment Certificate of Insurance.

The ACORD Certificate should be issued only in compliance with company instructions.

IMPORTANT

ACORD is required to file certificates, on behalf of form users, in a number of states. Please access the Forms Filing Requirements page on the ACORD website for details. ACORD certificates of insurance contain statements that are reflective of what is generally required by state laws and regulations.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.

IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
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 No. (A/C, No, Ext)	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Producer Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Insured	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.
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.
COMPANIES AFFORDING COVERAGE	Company 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.
COMPANIES AFFORDING COVERAGE	NAIC # A	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
COMPANIES AFFORDING COVERAGE	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.
COMPANIES AFFORDING COVERAGE	NAIC # B	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
COMPANIES AFFORDING COVERAGE	Company 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.
COMPANIES AFFORDING COVERAGE	NAIC # C	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
COMPANIES AFFORDING COVERAGE	Company D	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.

COMPANIES AFFORDING COVERAGE	NAIC # D	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
COMPANIES AFFORDING COVERAGE	Company E	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.
COMPANIES AFFORDING COVERAGE	NAIC # E	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
COMPANIES AFFORDING COVERAGE	Company F	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.
COMPANIES AFFORDING COVERAGE	NAIC # F	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
COVERAGES	Certificate Number	Enter identifier: The producer assigned number for the certificate.
COVERAGES	Revision Number	Enter number: The producer assigned revision number for the certificate.
COVERAGES	Location of Premises/Description of Property	Enter text: The Certificate Of Liability Insurance general remarks. 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. As used here, for buildings, provide the street address and a brief description of the occupancy of the building (e.g., 123 Johnstone Ave, Endicott - Grocery Store with Apartments, or Route 66, five miles south of intersection with I99 - Tobacco Barn).
COVERAGES	Co Ltr	Enter code: The company letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the property policy.
COVERAGES	Property	Check the box (if applicable): Indicates the type of policy is property.
COVERAGES	Causes of Loss - Basic	Check the box (if applicable): Indicates the type of policy / perils insured is basic.
COVERAGES	Broad	Check the box (if applicable): Indicates the type of policy / perils insured is broad.
COVERAGES	Special	Check the box (if applicable): Indicates the type of policy / perils insured is special.
COVERAGES	Earthquake	Check the box (if applicable): Indicates earthquake coverage is included in the policy.
COVERAGES	Wind	Check the box (if applicable): Indicates the type of policy is wind.
COVERAGES	Flood	Check the box (if applicable): Indicates flood coverage exists.
COVERAGES	Checkbox	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
COVERAGES	Blank field text	Enter text: The description of the type of policy issued to the insured.

COVERAGES	Checkbox	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
COVERAGES	Blank field text	Enter text: The description of the type of policy issued to the insured.
COVERAGES	Building Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this is the deductible for the building coverage.
COVERAGES	Contents Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this is the deductible for the contents coverage.
COVERAGES	Earthquake Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this is the deductible for the earthquake coverage.
COVERAGES	Wind Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this is the deductible for the wind coverage.
COVERAGES	Flood Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance. As used here, this is the deductible for the flood coverage.
COVERAGES	Other Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance.
COVERAGES	Other Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the property 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.
COVERAGES	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the property policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the property policy will expire.
COVERAGES	Covered Property - Building (Checkbox)	Check the box (if applicable): Indicates that Building Coverage applies.
COVERAGES	Limits - \$ Field text box	Enter limit: The limit amount for building coverage.
COVERAGES	Personal Property (Checkbox)	Check the box (if applicable): Indicates that Personal Property Coverage applies.
COVERAGES	Limits - \$ Field text box	Enter limit: The limit amount for personal property coverage.
COVERAGES	Business Income (Checkbox)	Check the box (if applicable): Indicates business income coverage is included in the policy.
COVERAGES	Limits - \$ Field text box	Enter limit: The total limit amount for business income coverage.
COVERAGES	Extra Expense (Checkbox)	Check the box (if applicable): Indicates extra expense coverage is included in the policy.

COVERAGES	Limits - \$ Field text box	Enter limit: The total limit amount for extra expense coverage.
COVERAGES	Rental Value (Checkbox)	Check the box (if applicable): Indicates rental value coverage is included in the policy.
COVERAGES	Limits - \$ Field text box	Enter limit: The limit amount for rental value coverage.
COVERAGES	Blanket Building (Checkbox)	Check the box (if applicable): Indicates blanket coverage exists. As used here this is blanket coverage for the building.
COVERAGES	\$ Field text box	Enter limit: The limit amount for the blanket coverage. As used here this is blanket coverage for the building.
COVERAGES	Blanket Pers Prop (Checkbox)	Check the box (if applicable): Indicates blanket coverage exists. As used here this is blanket coverage for personal property.
COVERAGES	\$ Field text box	Enter limit: The limit amount for the blanket coverage. As used here this is blanket coverage for personal property.
COVERAGES	Blanket Bldg & PP (Checkbox)	Check the box (if applicable): Indicates blanket coverage exists. As used here this is blanket coverage for the building and personal property.
COVERAGES	\$ Field text box	Enter limit: The limit amount for the blanket coverage. As used here this is blanket coverage for the building and personal property.
COVERAGES	Checkbox	Check the box (if applicable): Indicates the coverage is included in the policy.
COVERAGES	Blank field text	Enter text: The description of the coverage.
COVERAGES	\$ Field text box	Enter limit: The total limit amount for the coverage.
COVERAGES	Checkbox	Check the box (if applicable): Indicates the coverage is included in the policy.
COVERAGES	Blank field text	Enter text: The description of the coverage.
COVERAGES	\$ Field text box	Enter limit: The total limit amount for the coverage.
COVERAGES	Co Ltr	Enter code: The company letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the inland marine policy.
COVERAGES	Inland Marine Checkbox	Check the box (if applicable): Indicates the type of policy is inland marine.
COVERAGES	Causes of Loss - Named Perils (Checkbox)	Check the box (if applicable): Indicates the coverage is to be written on a named perils basis.
COVERAGES	Causes of Loss - Other (Checkbox)	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
COVERAGES	Blank field text	Enter text: The description of the type of policy issued to the insured.
COVERAGES	Type of Policy	Enter text: The description of the type of policy issued to the insured.

COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the inland marine 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.
COVERAGES	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the inland marine policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the inland marine policy will expire.
COVERAGES	Covered Property - Checkbox	Check the box (if applicable): Indicates a coverage other than those listed is applicable to the risk.
COVERAGES	Blank field text	Enter text: The description of the coverage.
COVERAGES	Limits - \$ Field text box	Enter limit: The limit of the coverage.
COVERAGES	Checkbox	Check the box (if applicable): Indicates a coverage other than those listed is applicable to the risk.
COVERAGES	Blank field text	Enter text: The description of the coverage.
COVERAGES	\$ Field text box	Enter limit: The limit of the coverage.
COVERAGES	Checkbox	Check the box (if applicable): Indicates a coverage other than those listed is applicable to the risk.
COVERAGES	Blank field text	Enter text: The description of the coverage.
COVERAGES	\$ Field text box	Enter limit: The limit of the coverage.
COVERAGES	Checkbox	Check the box (if applicable): Indicates a coverage other than those listed is applicable to the risk.
COVERAGES	Blank field text	Enter text: The description of the coverage.
COVERAGES	\$ Field text box	Enter limit: The limit of the coverage.
COVERAGES	Co Ltr	Enter code: The company letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the crime policy.
COVERAGES	Crime - Checkbox	Check the box (if applicable): Indicates crime coverage applies.
COVERAGES	Type of Policy	Enter text: The description of the type of policy issued to the insured.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the crime 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.
COVERAGES	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the crime policy. The date that the terms and conditions of the policy commence.

COVERAGES	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the crime policy will expire.
COVERAGES	Covered Property - Checkbox	Check the box (if applicable): Indicates a coverage other than those listed is applicable to the risk.
COVERAGES	Blank field text	Enter text: The description of the coverage endorsements.
COVERAGES	Limits - \$ Field text box	Enter limit: The limit amount for the coverage.
COVERAGES	Checkbox	Check the box (if applicable): Indicates a coverage other than those listed is applicable to the risk.
COVERAGES	Blank field text	Enter text: The description of the coverage endorsements.
COVERAGES	\$ Field text box	Enter limit: The limit amount for the coverage.
COVERAGES	Checkbox	Check the box (if applicable): Indicates a coverage other than those listed is applicable to the risk.
COVERAGES	Blank field text	Enter text: The description of the coverage endorsements.
COVERAGES	\$ Field text box	Enter limit: The limit amount for the coverage.
COVERAGES	Co Ltr	Enter code: The company letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the boiler and machinery policy.
COVERAGES	Boiler & Machinery Checkbox	Check the box (if applicable): Indicates boiler and machinery coverage applies.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the boiler & machinery / equipment breakdown 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.
COVERAGES	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the boiler & machinery policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the boiler & machinery policy will expire.
COVERAGES	Covered Property - Checkbox	Check the box (if applicable): Indicates the coverage is included in the policy.
COVERAGES	Blank field text	Enter text: The description of the coverage.
COVERAGES	Limits - \$ Field text box	Enter limit: The limit amount for the coverage.
COVERAGES	Checkbox	Check the box (if applicable): Indicates the coverage is included in the policy.
COVERAGES	Blank field text	Enter text: The description of the coverage.

COVERAGES	\$ Field text box	Enter limit: The limit amount for the coverage.
COVERAGES	Co Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the other policy.
COVERAGES	Blank field text	Enter text: The description of the other policy not listed on the form.
COVERAGES	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
COVERAGES	Policy Effective Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the other policy commence.
COVERAGES	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the other policy expires.
COVERAGES	Covered Property (Checkbox)	Check the box (if applicable): Indicates the coverage described is included in the policy.
COVERAGES	Covered Property	Enter text: The description of the coverage.
COVERAGES	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Covered Property (Checkbox)	Check the box (if applicable): Indicates the coverage described is included in the policy.
COVERAGES	Covered Property	Enter text: The description of the coverage.
COVERAGES	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Special Conditions/Other Coverages	Enter text: The Certificate Of Liability Insurance general remarks. 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. As used here, record any special policy conditions or coverages not fully explained in the Coverages section.
CERTIFICATE HOLDER	Certificate Holder	Enter text: The certificate holder's full name.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line one.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line two.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address city name.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address state or province code.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address postal code.
SIGNATURE	Authorized Representative	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.