

ACORD 27 Instructions

Section Name	Field Name	Field and/or Section Description
		<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>
TITLE ACORD 27 (2009/12)	Evidence of Property Insurance	<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>
TITLE		<p>IMPORTANT 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. IMPORTANT Kansas, Kentucky, Minnesota, Missouri, North Carolina, Oklahoma 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. Additionally, virtually every</p>

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.

IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	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	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	Company	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	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.
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 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.
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REMARKS	Remarks	Enter text: The additional comments or special conditions that may exist upon the policy. Attach ACORD 101, Additional Remarks Schedule, if more space is required.
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	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.

ADDITIONAL INTEREST	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	Other	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	Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Authorized Representative	Sign here: Accommodates the signature of the applicant or named insured.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).