

## **ACORD Forms 101**

ACORD forms are used by all insurance professionals. Here's a refresh on their general format and how to complete this critical piece of the coverage process.

The primary goal of ACORD forms, commonly referred to as ACORDs, is to collect and summarize information about an insured's operations and insurance needs. While ACORDs are used by all insurance professionals, there are several different types of forms depending on the line of insurance being marketed.

## **Commonly Used Forms**

- 25 Certificate of Liability Insurance
- 27 Evidence of Property Insurance
- 80 Homeowner Application
- 90 Personal Auto Application
- 125 Commercial Insurance Application
- 126 Commercial General Liability Section
- 127 Business Auto Section
- 130 Workers' Compensation Application
- 131 Umbrella / Excess Section
- 137 Commercial Auto
- 140 Property Section

## **Completing ACORDs**

The agent's, broker's, or underwriter's insurance license determines which ACORDs they are required to use. For example, a Property and Casualty Broker will primarily use ACORDs 125, 126, and 140.

Insurance professionals can choose to complete these in handwritten form or digitally, although the presence of agency management systems like Epic, AMS360, and Jenesis, have made digital completion most common.

While never identical, many ACORDs follow a similar format. Let's walk through the basics:

1. To start, an agent must first enter their producer and agency information, as well as the carrier information, if applicable at this stage.



## **Let's Connect**

833.774.2628 | support@rsgconnector.com



2. Next, specify the type of coverage needed, along with additional coverages, if desired.

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM	PREMIUM		
BOILER & MACHINERY	5	CYBER AND PRIVACY	5	YACHT		
BUSINESS AUTO	5	FIDUCIARY LIABILITY	5			
BUSINESS OWNERS	5	GARAGE AND DEALERS	5			
COMMERCIAL GENERAL LIABILIT	Y \$	LIQUOR LIABILITY	\$			
COMMERCIAL INLAND MARINE	5	MOTOR CARRIER	5			
COMMERCIAL PROPERTY	\$	TRUCKERS	5			
CRIME	\$	UMBRELLA	5			
ATTACHMENTS						
ACCOUNTS RECEIVABLE / VALUE	ABLE PAPERS	GLASS AND SIGN SECTION		STATEMENT / SCHEDULE OF VALUE		
ADDITIONAL INTEREST SCHEDU	JE .	HOTEL / MOTEL SUPPLEMENT		STATE SUPPLEMENT (If applicable)		
ADDITIONAL PREMISES INFORM	ADDITIONAL PREMISES INFORMATION SCHEDULE		INSTALLATION / BUILDERS RISK SECTION			
APARTMENT BUILDING SUPPLEMENT		INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		VEHICLE SCHEDULE		
CONDO ASSN BYLAWS (for D&O Coverage only)		INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT				
CONTRACTORS SUPPLEMENT		LOSS SUMMARY				
COVERAGES SCHEDULE		OPEN CARGO SECTION				

3. Then, enter their client's general information.

NAME (First Named Insure	d) AND MAILING ADDRESS (including ZIP+4)		GL COD	•	sic	NAICS	PEIN OR SOC SEC #
			BUSINE	SS PHONE #		_	
			WEBSIT	E ADDRESS			
CORPORATION	JOINT VENTURE  ILC NO. OF MEMBERS AND MANAGERS:	NOT FOR PROFIT ORG PARTNERSHIP		SUBCHAPT	ER "S" CORPORATI	ION	
NAME (Other Named Insur	ed) AND MAILING ADDRESS (including ZIP+4)		GL COD	E	SIC	NAICS	FEIN OR SOC SEC #
			BUSINE	SS PHONE #:			
			WEBSIT	E ADDRESS			
CORPORATION INDIVIDUAL	JOINT VENTURE  LLC NO. OF MEMBERS  LLC AND MANAGERS:	NOT FOR PROFIT ORG PARTNERSHIP		SUBCHAPT	ER "S" CORPORAT	ION	
NAME (Other Named Insur	ed) AND MAILING ADDRESS (including ZIP+4)		GL COD	E	sic	NAICS	FEIN OR SOC SEC #
			BUSINE	SS PHONE #:			
			WEBSIT	E ADDRESS			
[	ADDRESS LESS ASSESSES	HOT FOR PRODUCT ORG			ED HIL CORDODAY		

4. Next, complete the client's address information, along with annual revenues, if applicable.

LOC #	STREET		CIT	YLIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE	OWNER		OCCUPED AREA:	8
BLD#	CITY:	STATE:		OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	8
	COUNTY:	ZIP:					TOTAL BUILDING AREA:	8
DESCRI	PTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	
LOC#	STREET		СП	YLIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: 5	
				INSIDE	OWNER		OCCUPED AREA:	8
BLD#	CITY:	STATE:		OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	8
	COUNTY:	ZIP					TOTAL BUILDING AREA:	- 5
DESCRI	PTION OF OPERATIONS:	,					ANY AREA LEASED TO OTHERS? Y / N	4
LOC#	LOC# STREET		CITY		INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: 5	
				INSIDE	OWNER		OCCUPIED AREA:	5
BLD#	CITY:	STATE:		OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	S
	COUNTY:	ZIP:					TOTAL BUILDING AREA:	5
DESCRI	PTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	4
LOC#	OC# STREET		сп	YLIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE	OWNER		OCCUPIED AREA:	9
BLD #	CITY:	STATE:		OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	9
	COUNTY:	ZIP:					TOTAL BUILDING AREA:	S
DESCRI	PTION OF OPERATIONS	-					ANY AREA LEASED TO OTHERS? Y I N	

5. Complete the nature of the business section to provide outstanding details about the insured's business / operations that may not have been previously captured.



6. The carrier Information is where agents enter carrier history (generally 1-3 years prior). Note: many carriers look for prior coverage information to ensure there was not a lapse in coverage.

PRIOR CARRIER INFORMATION							
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY			
	POLICY NUMBER						
	PREMIUM	1	8	8			
	EFFECTIVE DATE						
	EXPIRATION DATE						

7. Lastly, provide loss history information, if there's any. Note: depending on the number or size of the insured's losses, a carrier may adjust their rates or decline coverage altogether, so providing information upfront is best.

LOSS HISTOR	Y	Check if none	(Attach Loss Summary f	or Additional Loss	Information)
FOR THE LAST	OR LOSSES (RE YEARS	EGARDLESS OF FAULT AND	WHETHER OR NOT INSURED) OR	DOCURRENCES THAT MAY	GIVE RISE TO CI
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTIO	N OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PA

