

## Explanation of Changes 07-28-2006

### P&C FORMS

#### Countrywide - Revised

##### 27 (2006/07)

##### Evidence of Property Insurance

1. Replace logo
2. Delete the word PERSONAL from the title of the form
3. Replace language in box at top of the page
4. In the COMPANY section, increase size of LOAN NUMBER field
5. In the PROPERTY INFORMATION section, add new text
6. In CANCELLATION section, replace language in box
7. Add -2006. All rights reserved. to ACORD copyright
8. Add The ACORD name and logo are registered marks of ACORD to footer.

##### 28 (2006/07)

##### Evidence of Commercial Property Insurance

**Please Note: This is now a two-page form**

Page 1

1. Remove border around title and replace logo
2. Replace language in box at top of the page 1
3. Add field for POLICY TYPE directly below COMPANY NAME AND ADDRESS
4. In the COMPANY section, increase size of LOAN NUMBER field
5. In PROPERTY INFORMATION section, add check boxes for BUILDING OR BUSINESS PERSONAL PROPERTY next to title of section
6. In the PROPERTY INFORMATION section, add new text
7. In the COVERAGE INFORMATION section, replace CAUSE OF LOSS FORM with PERILS INSURED
8. In the COVERAGE INFORMATION section, delete the word OTHER from the last check box
9. In the COVERAGE INFORMATION section, add an additional column entitled N/A
10. In the COVERAGE INFORMATION section, add check boxes for BUSINESS INCOME and RENTAL VALUE
11. In the COVERAGE INFORMATION section, line item BLANKET COVERAGE, in text to the right of the columns, replace AMOUNT OF INSURANCE with VALUE(S) REPORTED and replace PROPERTIES with PROPERTY
12. In the COVERAGE INFORMATION section, line item TERRORISM COVERAGE, in text to the right of the columns, delete the word SIGNED
13. In the COVERAGE INFORMATION section, replace line item labeled IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY with IS THERE A TERRORISM SPECIFIC EXCLUSION. In text to the right of the columns, delete the word SUB
14. In the COVERAGE INFORMATION section, replace line item labeled IS COVERAGE A STAND ALONE POLICY with IS DOMESTIC TERRORISM EXCLUDED
15. In the COVERAGE INFORMATION section, delete line item labeled, DOES COVERAGE INCLUDE DOMESTIC TERRORISM
16. In the COVERAGE INFORMATION section, replace line item labeled, COVERAGE FOR MOLD with LIMITED FUNGUS COVERAGE
17. In the COVERAGE INFORMATION section, replace line item labeled, MOLD EXCLUSION with FUNGUS EXCLUSION

## Explanation of Changes 07-28-2006

### **ACORD 28 (continued)**

18. In the COVERAGE INFORMATION section, line item AGREED AMOUNT, replace the word AMOUNT with VALUE
19. In the COVERAGE INFORMATION section, replace line item labeled, LAW AND ORDINANCE with ORDINANCE OR LAW and delete all text to the right of the columns
20. In the COVERAGE INFORMATION section, replace line item labeled, EARTHQUAKE with EARTH MOVEMENT
21. In the COVERAGE INFORMATION section, in line item labeled, WIND/HAIL, replace SEPARATE POLICY with SUBJECT TO DIFFERENT PROVISIONS
22. In the COVERAGE INFORMATION section, in line item labeled, PERMISSION TO WAIVE SUBROGATION, add IN FAVOR OF MORTGAGE HOLDER immediately after the word SUBROGATION and before PRIOR TO LOSS
23. In the COVERAGE INFORMATION section, add blank line item
24. In CANCELLATION section, replace language in box
25. In ADDITIONAL INTEREST section, move check boxes up to the top of the section
26. In ADDITIONAL INTEREST section, delete LOSS PAYEE label and replace with LENDERS LOSS PAYABLE and add CONTRACT OF SALE label
27. Add Page 1 of 2 to footer
28. Add -2006. All rights reserved. to ACORD copyright
29. Add The ACORD name and logo are registered marks of ACORD to footer.

#### Page 2

30. Add section entitled, EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)
31. Add Page 2 of 2 to footer

### **83 (2006/07)**

#### **Personal Umbrella Application**

**Please note: This is now a five-page form.**

#### Page 1

1. In PRIMARY POLICY INFORMATION section, add (,000) to LIMITS OF LIABILITY column title.
2. Add . All rights reserved. To ACORD copyright
3. Add The ACORD name and logo are registered marks of ACORD to footer.

#### Page 2

4. In PRIOR EXPERIENCE section create two separate fields for PRIOR CARRIER and PRIOR POLICY NUMBER.
5. Move GENERAL INFORMATION section to page 3.

#### Page 3

6. In GENERAL INFORMATION section, create space for comments beneath each question.
7. Delete IN REMARKS from EXPLAIN ALL "YES" RESPONSES.
8. Reformat REMARKS section

#### Page 4

9. In BINDER/SIGNATURE section, move State UM/UIM disclosures to page 5
10. Add the word HELP to Notice of Insurance Information Practices before the word, DETERMINE in the third sentence .
11. Add WA to Fraud Warning text in parentheses.

#### Page 5

12. Add WISCONSIN to Applicable only in Indiana, Louisiana, New Hampshire and Vermont title
13. Add new section entitled, APPLICABLE ONLY IN WISCONSIN

## Explanation of Changes 07-28-2006

131 (2006/07)

### **Umbrella / Excess Section**

#### Page 1

1. In POLICY INFORMATION section, under Transaction Type, increase space for Proposed and Current Retroactive date fields.
2. In POLICY INFORMATION section, under Limits of Liability, delete URRENCE from the word, OCCURRENCE
3. Move ATTACH TO ACORD 125 AND 126 above the border at the bottom of the form
4. Add Page 1 of 3 to the footer
5. Add . All rights reserved. To ACORD copyright
6. Add The ACORD name and logo are registered marks of ACORD to footer.

#### Page 2

7. Add Page 2 of 3 to the footer

#### Page 3

14. Add WA to Fraud Warning text in parentheses.
15. Add WISCONSIN to Applicable only in Indiana, Louisiana, New Hampshire and Vermont title
16. Add new section entitled, APPLICABLE ONLY IN WISCONSIN

## Explanation of Changes 07-28-2006

### State Specific - Revised

90 DE (2006/07)

Delaware Personal Auto Application

Please note: this is now a three page form.

Page 1

1. Remove border around title and add new logo
2. In PRODUCER section, add field for E-Mail Address
3. Revise GARAGE LOCATION IF DIFF FROM ABOVE to GARAGING ADDRESS IF DIFF FROM ABOVE
4. In VEHICLE DESCRIPTION/USE section, revise GAR-AGED to GAR CODE
5. In COVERAGES/PREMIUMS section, add /OTC to COMPREHENSIVE and add two additional blank rows.
6. In RESIDENT & DRIVER INFORMATION section increase rows to six drivers.
7. Move ACCIDENTS/CONVICTIONS Section to page 2
8. Add Page 1 of 3 to Footer
9. Add . -2006. All rights reserved. to ACORD copyright
10. Add The ACORD name and logo are registered marks of ACORD to footer.

Page 2

11. In ADDITIONAL INTEREST section, expand Name and Address field, left align check boxes and add blank check box. Right align VEH # directly above LOAN NUMBER
12. In PRIOR COVERAGES section, create separate fields for PRIOR CARRIER, PRIOR PRODUCER, PRIOR POLICY NUMBER and EXPIRATION DATE
13. In GENERAL INFORMATION section, delete IN REMARKS from Explain all "Yes" Responses
14. In GENERAL INFORMATION section, reformat entire section so that each question has a field below it to capture the remarks
15. In GENERAL INFORMATION section, delete Questions 5 and 6 and add new Question 15
16. Move REMARKS section to page 3
17. Add Page 2 of 3 to Footer

Page 3

18. Reformat REMARKS section
19. In BINDER/SIGNATURE section, increase font to 9pt.
20. In BINDER/SIGNATURE section, add additional text to the Uninsured Motorists (UM) acknowledgement
21. Add Page 3 of 3 to Footer

## Explanation of Changes 07-28-2006

### **97 SC (2006/08)**

#### **Associated Auto Insurers Plan of South Carolina Private Passenger Application**

##### Page 1

1. In Section 4, replace EMPLOYER NAME with EMPLOYER'S NAME
2. Add new section entitled ATTACHMENTS with six labeled check boxes
3. Revise AIP Form number edition date (8/06)
4. Add . -2006. All rights reserved. to ACORD copyright

##### Page 2

5. Revise AIP Form number edition date (8/06)

##### Page 3

6. In Section 6, delete entire line item labeled, TOTAL PENALTY POINTS PREMIUM SURCHARGE
7. Revise AIP Form number edition date (8/06)

##### Page 4

8. Revise AIP Form number edition date (8/06)

##### Page 5

9. Revise AIP Form number edition date (8/06)

##### Page 6

10. Add new section, entitled, DISCOUNTS AND CREDITS, immediately below the FAIR CREDIT REPORTING ACT NOTICE
11. Revise AIP Form number edition date (8/06)

### **137 DE (2006/07)**

#### **Delaware Commercial Auto**

**Please note: this is now a three page form.**

##### Page 1

1. Remove border around title, center title and add new logo
2. Replace PRODUCER with AGENCY
3. In BUSINESS AUTO section, under PHYSICAL DAMAGE, replace COMPREHENSIVE with COMP / OTC
4. Move TRUCKERS section to page 2
5. Move MOTOR CARRIER section to page 3
6. Add REMARKS section
7. Replace PLEASE COMPLETE REVERSE SIDE, with Page 1 of 3
8. Add . -2006. All rights reserved. to ACORD copyright
9. Add The ACORD name and logo are registered marks of ACORD to footer

##### Page 2

10. In TRUCKERS section, under COVERAGES, add TRUKERS to HIRED/BORROWED LIABILITY
11. In TRUCKERS section, under PHYSICAL DAMAGE, replace COMPREHENSIVE with COMP / OTC
12. In TRUCKERS section, under TRAILER INTERCHANGE, replace STATE with FARTH ZONE
13. In TRUCKERS section, under TRAILER INTERCHANGE, replace COMPREHENSIVE with COMP / OTC
14. Add REMARKS section
15. Add Page 2 of 3 to Footer

##### Page 3

16. In MOTOR CARRIER section, under COVERAGES, add TRUKERS to HIRED/BORROWED LIABILITY

## Explanation of Changes 07-28-2006

### **ACORD 137 DE (continued)**

#### **Delaware Commercial Auto Application**

17. In MOTOR CARRIER section, under PHYSICAL DAMAGE, replace COMPREHENSIVE with COMP / OTC
18. In MOTOR CARRIER section, under TRAILER INTERCHANGE, replace STATE with FARTH ZONE
19. In MOTOR CARRIER section, under TRAILER INTERCHANGE, replace COMPREHENSIVE with COMP / OTC
20. In ENDORSEMENTS section, add additional text to the Uninsured Motorists (UM) acknowledgement
21. Add field for NATIONAL PRODUCER NUMBER
22. Add Page 3 of 3 to footer

### **138 DE (2006/07)**

#### **Delaware Garage and Dealers**

##### Page 1

1. Remove border around title, center title and add new logo
2. Add YY to date format
3. Replace PRODUCER with AGENCY
4. In PHYSICAL DAMAGE and GARAGE KEEPERS sections add / OTC to COMP
5. In ENDORSEMENTS/REMARKS section, add the letter S to the work INSTRUCTION in the last sentence
6. In ENDORSEMENTS/REMARKS section, add additional text to the Uninsured Motorists (UM) acknowledgement
7. Add field for NATIONAL PRODUCER NUMBER

#### **Countrywide - New**

### **825 (2006/07)**

#### **Professional / Specialty Insurance Application**

#### **(For Use in Management, Executive & Professional Lines - Applicant Section)**

The underwriting process for any commercial account begins with the submission of a completed application. The following instructions will provide assistance in the completion of the ACORD Professional / Specialty Insurance Application - For Use in Management, Executive & Professional Lines - Applicant Section.

The Professional / Specialty Insurance - Applicant Section is the foundation on which the ACORD professional / specialty application program is built. The Professional / Specialty Insurance - Applicant Section is a required part of every professional / specialty lines submission and no professional / specialty lines application is complete without it.

Explanation of Changes 07-28-2006

LIFE & ANNUITY FORMS - NONE

WITHDRAWN FORMS - NONE

FIG CHANGES ONLY - NONE