

Explanation of Changes 08-31-2006

P&C FORMS

Countrywide - Revised

36 (2006/08)

Agent/Broker of Record Change

1. Remove border around title, center title and replace logo
2. Update DATE format
3. In PRODUCER section, change PRODUCER to AGENCY and add fields for PHONE, FAX and E-MAIL ADDRESS
4. Delete the two check boxes above the Signature
5. Add -2006. All rights reserved. to ACORD copyright
6. Add, The ACORD name and logo are registered marks of ACORD, to footer.

80 (2006/08)

Homeowner Application

Please note: This is now a four-page form.

Page 1

1. In AGENCY section, add field for E-MAIL ADDRESS:
2. Re-format APPLICANT'S section
3. In COVERAGES/LIMITS OF LIABILITY section, add additional check boxes for EARTHQUAKE and ANNUAL HURRICANE *
4. Replace ENDORSEMENTS section with ENDORSEMENTS - See Page 4
5. In RATING/UNDERWRITING section, under OIL STORAGE TANK LOCATION, add a check box labeled NONE
6. Move PRIOR COVERAGE section to page 3
7. In footer, revise page number to Page 1 of 4
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 (GENERAL INFORMATION section)

10. Expand all questions to include a space below each question for remarks
11. Delete IN REMARKS from EXPLAIN ALL "YES" RESPONSES
12. Add the letter "s" to (Except questions 15, 16 and 17)
13. Re-number Question 19 to Question 25 and add UNDER CONSTRUCTION OR following the word BUILDING
14. Re-number the subsequent questions
15. In re-numbered Question 24, replace the phrase in parentheses with, If "YES", provide the name of the insurance company and the applicable limit
16. In footer, revise page number to Page 2 of 4

Page 3

17. Re-format REMARKS section
18. In ATTACHMENTS section, delete RECREATIONAL VEHICLE APP and replace HOME BASED BUSINESS SUPP LABEL with RESIDENCE BASED BUSINESS SUPPL
19. In BINDER/SIGNATURE section, increase text to 9 point font
20. In BINDER/SIGNATURE section, add the word HELP before the word DETERMINE in the Notice of Information Practices

Explanation of Changes 08-31-2006

80 (2006/08) continued

21. In the FRAUD NOTICE, Add WA to the states in parentheses
22. Add Page 3 of 4 to footer

Page 4

23. Entire new section entitled, OPTIONAL COERAGES/ENDORSEMENTS
24. Add Page 4 of 4 to footer

82 (2006/08)

Watercraft Application

Please note: This is now a four-page form.

Page 1

1. In BOAT HULL section, add check boxes for SPAR MATERIAL. Re-format all check box groups to fit. Also remove PONTOON from HULL DESIGN and add to TYPE OF HULL.
2. In BOAT HULL section, add fields for NAME OF BENEFICIAL OWNER and COUNTRY OF REGISTRATION (Re-formatted section to add additional fields)
3. In BOAT HULL section, break out BERTH/STORAGE LOCATION into PRIMARY and SECONDARY and add separate fields for CITY, STATE, ZIP and COUNTRY. Add check boxes for SUMMER and WINTER
4. In COVERAGES/LIMITS OF LIABILITY section, add Coverages for PERSONAL EFFECTS, TOWING and HURRICANE HAUL-OUT.
5. Move PAYMENT PLAN section to page 2
6. Revise footer to Page 1 of 4
7. Add , -2006. All rights reserved. to ACORD copyright
8. Add, The ACORD name and logo are registered marks of ACORD, to footer.

Page 2

9. Revise PORTABLE ACCESSORIES title and add, AND LIFEBOATS/TENDERS
10. In OPERATORS section, add a column entitled OCCUPATION to the right of DATE OF BIRTH
11. In OPERATOR'S EXPERIENCE section delete the sentence in parentheses in title. Add columns labeled, PRIOR BOAT MAKE, MODEL and # YRS OWNED. Add text in parentheses to EXPERIENCE label.
12. Add a REMARKS section
13. Move HULL INFORMATION section to page 3
14. Move GENERAL INFORMATION section to page 3.
15. Revise footer to Page 2 of 4

Page 3

16. In HULL INFORMATION section, add fields below each question and add two new questions.
17. In GENERAL INFORMATION section, add fields below each question
18. Delete IN REMARKS from EXPLAIN ALL "YES" RESPONSES in both sections.
19. Revise footer to Page 3 of 4

Page 4

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

Explanation of Changes 08-31-2006

125 (2006/07)

Commercial Insurance Application

Page 1

1. In INDICATE SECTIONS ATTACHED section, alphabetize all labels and add new labels for: DEALERS, DRIVER INFO SCHEDULE, OPEN CARGO and YACHT
2. In APPLICANT INFORMATION section, add a blank check box for Type of Business and re-format LLC label
3. In APPLICANT INFORMATION section, re-format fields for CR BUREAU NAME and ID NUMBER
4. In PREMISES INFORMATION section, add check box with the label, ACORD 823 attached for additional premises
5. In PREMISES INFORMATION section, add a blank check box under CITY LIMITS. Also re-format column widths.
6. In PREMISES INFORMATION section, add two additional rows
7. Expand NATURE OF BUSINESS section
8. Move GENERAL INFORMATION section to Page 2
9. Add Page 1 of 3 to the footer and delete PLEASE COMPLETE REVERSE SIDE
10. Add . -2006. All rights reserved. to ACORD copyright
11. Add, The ACORD name and logo are registered marks of ACORD, to footer.

Page 2

12. In GENERAL INFORMATION section, add fields below each question and expand REMARKS field
13. Add WA to Fraud Warning text in parentheses.
14. Add Page 2 of 3 to the footer

Page 3

15. Add Page 3 of 3 to the footer

140 (2006/08)

Property Section

Page 1

1. In PREMISES INFORMATION section, double the height of the rows
2. In PREMISES INFORMATION section, re-format DEDUCTIBLES column
3. In ADDITIONAL COVERAGES section, under BUILDING IMPROVEMENTS, add field for YR: next to check box labeled OTHER:
4. Revise footer to ATTACH TO ACORD 125
5. Add , -2006. All rights reserved. to ACORD copyright
6. Add, The ACORD name and logo are registered marks of ACORD, to footer.

Page 2

7. In PREMISES INFORMATION section, double the height of the rows
8. In PREMISES INFORMATION section, re-format DEDUCTIBLES column
9. In ADDITIONAL COVERAGES section, under BUILDING IMPROVEMENTS, add field for YR: next to check box labeled OTHER:
10. Add WA to Fraud Warning text in parentheses.
11. Add Page 2 of 2 to footer

Explanation of Changes 08-31-2006

160 (2006/08)

Business Owners Application

Page 1

1. In the AGENCY section, add field for E-MAIL ADDRESS
2. In the COMPANY section, add fields for POLICY #: and TOTAL PREMIUM:, re-format to fit
3. In the COMPANY section, reformat POLICY TYPE check boxes
4. In GENERAL INFORMATION section, add fields below each question and revise Question 4
5. Move PRIOR POLICY(IES)/LOSS HISTORY and POLICY LEVEL COVERAGES LIABILITY TO Page 2
6. Add . -2006. All rights reserved. to ACORD copyright
7. Add, The ACORD name and logo are registered marks of ACORD, to footer

Page 2

8. Delete REMARKS section and move ATTACHMENTS to the REMARKS section on page 4
9. Add WA to Fraud Warning text in parentheses.

Page 3

10. In PROPERTY section, re-format DEDUCTIBLE field to create two additional DED fields
11. In PROPERTY section, re-format WIND CLASS check boxes. Delete the word OTHER and leave blank for description

Page 4

12. In CRIME section, move phrase in parentheses next to OTHER PROTECTION

175 (2006/08)

Commercial Policy Change Request

Page 1

1. Remove border around title, center title and replace logo
2. In the AGENCY section, add field for E-MAIL ADDRESS
3. In footer, replace PLEASE COMPLETE REVERSE SIDE with Page 1 of 2
4. Add . -2006. All rights reserved. to ACORD copyright
5. Add, The ACORD name and logo are registered marks of ACORD, to footer

Page 2

6. In ADDITIONAL INTEREST section, delete second MORTGAGEE label form check box and move remaining labels up to create a blank check box
7. Add Page 2 of 2 to footer

330 (2006/08)

Aircraft Section

Page 1

1. Add a period after 2006. and All rights reserved. to ACORD copyright
2. Add, The ACORD name and logo are registered marks of ACORD, to footer

Page 2

3. In AGRICULTURAL AIRCRAFT (If applicable) section, add YES/NO check boxes to Question 6

Explanation of Changes 08-31-2006

State Specific - Revised

64 DE (2006/08)

Insurance Placement Facility of Delaware - Basic Property Insurance Application

1. On Page 1 of 2, ORIGINAL and INSPECTOR'S COPY, Item 1, delete SOCIAL SECURITY # OR TAX ID # and replace with FALSE STATEMENTS MAY VOID YOUR POLICY
2. On Page 1 of 2, ORIGINAL and INSPECTOR'S COPY, Item 4, add field for E-MAIL ADDRESS below TELEPHONE #
3. On Page 1 of 2, ORIGINAL and INSPECTOR'S COPY, add . -2006. All rights reserved. to ACORD copyright
4. On Page 2 of 2, ORIGINAL and INSPECTOR'S COPY, Item 26, delete line intersecting CITY field
5. On first page of instructions, remove border around title and center. Delete extra vertical line
6. On first page of instructions, Section 1, delete sentence referring to applicant's social security number or tax ID number
7. On first page of instructions, Section 4, revise title to read, APPLICANT'S MAILINGADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS
8. On first page of instructions, Section 4, add the last sentence referring to applicant's e-mail address

64 PA (2006/08)

Insurance Placement Facility of Pennsylvania - Basic Property Insurance Application

1. On Page 1 of 2, ORIGINAL, INSPECTOR'S COPY and PRODUCER'S COPY, remove border around title and center. Delete extra vertical lines
2. On Page 1 of 2, ORIGINAL, INSPECTOR'S COPY and PRODUCER'S COPY, Item 1, delete SOCIAL SECURITY # OR TAX ID # and replace with FALSE STATEMENTS MAY VOID YOUR POLICY
3. On Page 1 of 2, ORIGINAL, INSPECTOR'S COPY and PRODUCER'S COPY, Item 4, add field for E-MAIL ADDRESS below TELEPHONE #
4. On Page 1 of 2, ORIGINAL, INSPECTOR'S COPY and PRODUCER'S COPY, add . -2006. All rights reserved. to ACORD copyright
5. On Page 2 of 2, ORIGINAL, INSPECTOR'S COPY and PRODUCER'S COPY, Item 25, add field for PRODUCER'S E-MAIL ADDRESS to the right of Producer's Signature
6. All instructions pages, add border around form body
7. On first page of instructions, remove border around title and center. Delete extra vertical line
8. On first page of instructions, Section 1, delete sentence referring to applicant's social security number or tax ID number
9. On first page of instructions, Section 4, revise title to read, APPLICANT'S MAILINGADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS
10. On first page of instructions, Section 4, add the last sentence referring to applicant's e-mail address

Explanation of Changes 08-31-2006

64 WV (2006/08)

West Virginia Essential Property Insurance Association – Basic Property Insurance Application

1. On Page 1 of 2, ORIGINAL and INSPECTOR'S COPY, delete border around title and center. Delete vertical line.
2. On Page 1 of 2, ORIGINAL and INSPECTOR'S COPY, Item 1, delete SOCIAL SECURITY # OR TAX ID # and replace with FALSE STATEMENTS MAY VOID YOUR POLICY
3. On Page 1 of 2, ORIGINAL and INSPECTOR'S COPY, Item 3, add the word RESPONDING to FIRE DISTRICT label
4. On Page 1 of 2, ORIGINAL and INSPECTOR'S COPY, Item 4, add field for E-MAIL ADDRESS below TELEPHONE #
5. On Page 1 of 2, ORIGINAL and INSPECTOR'S COPY, add . -2006. All rights reserved. to ACORD copyright
6. On first page of instructions, remove border around title and center. Delete extra vertical line
7. On first page of instructions, Section 1, delete sentence referring to applicant's social security number or tax ID number
8. On first page of instructions, Section 4, revise title to read, APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS
9. On first page of instructions, Section 4, add the last sentence referring to applicant's e-mail address

65 PA/DE/WV (2006/08)

FAIR Plan Supplementary Questionnaire

1. Delete border around title and center. Delete vertical line. Create border around body of form
2. Re-format Applicant section
3. Add dividing lines between questions
4. Add YES / NO check boxes where applicable
5. In Item A, add AND/OR UNDER RENOVATION
6. Add new Questions 4, 5 and 6 and re-number remaining questions
7. In renumbered Question 7, replace the word PROPERTY with the word BUILDING
8. In renumbered Question 8b., delete entire line beginning with ARE THEY PROFESSIONAL CONTRACTORS?
9. In renumbered Question 8e. and 8f., add double asterisks (* *) to ACTUAL CASH VALUE
10. Add * * ACTUAL CASH VALUE is the cost to replace, etc. below renumbered Question 8f.
11. Add . -2006. All rights reserved. to ACORD copyright

Explanation of Changes 08-31-2006

90 MN (2006/08)

Minnesota Personal Auto Application

Please Note: This form is now three pages

Page 1

1. Replace logo
2. In Agency section, add field for Phone, Fax and E-Mail Address
3. Revise GARAGE LOCATION to GARAGING ADDRESS
4. In VEHICLE DESCRIPTION/USE section revise GARAGED to GAR CODE
5. In COVERAGES/PREMIUMS section, under PIP, add two additional check boxes for :
 - a. Work Loss Excl Named Ins Only Age 60 - 64 and Retired and Receiving a Pension
 - b. Work Loss Excl Named Ins and Fam Members Age 60 - 64 and Retired and Receiving a Pension
6. In COVERAGES/PREMIUMS section, add one blank row directly above ADDITIONAL COVERAGES/ENDORSEMENTS
7. In RESIDENT & DRIVER INFORMATION section increase rows to six drivers.
8. Move ACCIDENTS/CONVICTIONS section to page 2
9. Add Page 1 of 3 to Footer
10. Add -2006. All rights reserved. to ACORD copyright
11. Add, The ACORD name and logo are registered marks of ACORD, to footer.

Page 2

12. 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
13. In PRIOR COVERAGES section, create separate fields for PRIOR CARRIER, PRIOR PRODUCER, PRIOR POLICY NUMBER and EXPIRATION DATE
14. In GENERAL INFORMATION section, delete IN REMARKS from Explain all "Yes" Responses
15. In GENERAL INFORMATION section, reformat entire section so that each question has a field below it to capture the remarks
16. In GENERAL INFORMATION section, delete Questions 5 and 6, re-number remaining questions and add new Question 15
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, revise the Acknowledgement section to:
 - a. Identify the Notice Concerning Policyholder Rights as ACORD 65 MN
 - b. Add references to the options of the Named Insured and Named Insured and Family Members Age 60 - 64 and Retired and Receiving a Pension
 - c. Add reference to ACORD 62 MN, Motorcycle Insurance Coverage Rejection of Personal Injury Protection.
21. Add Page 3 of 3 to Footer

Explanation of Changes 08-31-2006

137 MN (2006/08)

Minnesota Commercial Auto Application

Please Note: This form is now three pages

Page 1

1. Replace logo
2. Remove border around title and center
3. In PRODUCER section, revise PRODUCER to AGENCY
4. In BUSINESS AUTO section, under PIP, add two additional check boxes for :
 - a. Wk Loss Excl Named Ins Only Age 60 - 64 and Retired and Receiving a Pension
 - b. Wk Loss Excl Named Ins & Family Members Age 60 - 64 and Retired and Receiving a Pension
5. In BUSINESS AUTO section, under PHYSICAL DAMAGE, revise COMPREHENSIVE to COMP / OTC
6. Move TRUCKERS section to page 2
7. Add new section entitled, ENDORSEMENTS / REMARKS
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 TRUCKERS section, under PIP, add two additional check boxes for :
 - a. Wk Loss Excl Named Ins Only Age 60 - 64 and Retired and Receiving a Pension
 - b. Wk Loss Excl Named Ins & Family Members Age 60 - 64 and Retired and Receiving a Pension
12. In TRUCKERS section, under HIRED/BORROWED LIABILITY add the word TRUCKERS
13. In TRUCKERS section, add a blank row labeled, OTHER in both columns
14. In TRUCKERS section, under PHYSICAL DAMAGE, revise COMPREHENSIVE to COMP / OTC
15. In TRUCKERS section, under PHYSICAL DAMAGE, add ANTI-THEFT check boxes immediately below TOWING & LABOR row
16. In TRUCKERS section, under TRAILER INTERCHANGE, replace the column label STATE, with FARTH ZONE
17. In TRUCKERS section, under TRAILER INTERCHANGE, revise COMPREHENSIVE to COMP / OTC
18. In TRUCKERS section, under TRAILER INTERCHANGE, reformat and move up the ANTI-THEFT check boxes to immediately below COLLISION row
19. Move MOTOR CARRIER section to page 3
20. Add new section entitled, ENDORSEMENTS / REMARKS
21. Add Page 2 of 3 to Footer

Page 3

22. In TRUCKERS section, under PIP, add two additional check boxes for :
 - a. Wk Loss Excl Named Ins Only Age 60 - 64 and Retired and Receiving a Pension
 - b. Wk Loss Excl Named Ins & Family Members Age 60 - 64 and Retired and Receiving a Pension
23. In TRUCKERS section, under HIRED/BORROWED LIABILITY add the word TRUCKERS
24. In TRUCKERS section, under PHYSICAL DAMAGE, revise COMPREHENSIVE to COMP / OTC
25. In TRUCKERS section, under PHYSICAL DAMAGE, add ANTI-THEFT check boxes immediately below TOWING & LABOR row
26. In TRUCKERS section, under TRAILER INTERCHANGE, replace the column label STATE, with FARTH ZONE
27. In TRUCKERS section, under TRAILER INTERCHANGE, revise COMPREHENSIVE to COMP / OTC
28. In TRUCKERS section, under TRAILER INTERCHANGE, reformat and move up the ANTI-THEFT check boxes to immediately below COLLISION row

Explanation of Changes 08-31-2006

137 MN (2006/08) continued

29. Rename section, ENDORSEMENTS / REMARKS
30. In ENDORSEMENTS / REMARKS section, revise the Acknowledgement section to:
 - a. Identify the Notice Concerning Policyholder Rights as ACORD 65 MN
 - b. Add references to the options of the Named Insured and Named Insured and Family Members Age 60 - 64 and Retired and Receiving a Pension
31. Add field for NATIONAL PRODUCER NUMBER
32. Add Page 3 of 3 to Footer

138 MN (2006/08)

Minnesota Garage and Dealers

Please Note: This form is now two pages

Page 1

1. Replace logo
2. Remove border around title and center
3. In PRODUCER section, revise PRODUCER to AGENCY
4. In COVERAGES/LIMITS section, under PIP, add two additional check boxes for :
 - a. Wk Loss Excl Named Ins Only Age 60 - 64 and Retired and Receiving a Pension
 - b. Wk Loss Excl Named Ins & Family Members Age 60 - 64 and Retired and Receiving a Pension
5. In COVERAGES/LIMITS section, under PHYSICAL DAMAGE, revise COMPREHENSIVE to COMP / OTC
6. Reformat ANTI-THEFT check boxes
7. In COVERAGES/LIMITS section, under PHYSICAL DAMAGE, add a blank row entitled OTHER immediately below ANTI-THEFT row
8. In COVERAGES/LIMITS section, under GARAGE KEEPERS, revise COMPREHENSIVE to COMP / OTC
9. Move SIGNATURE section to page 2
10. Reformat ENDORSEMENTS / REMARKS section
11. Add Page 1 of 2 to Footer
12. Add -2006. All rights reserved. to ACORD copyright
13. Add, The ACORD name and logo are registered marks of ACORD, to footer.

Page 2

14. Add new ENDORSEMENTS / REMARKS section
15. In ENDORSEMENTS / REMARKS section, revise the Acknowledgement section to:
 - a. Identify the Notice Concerning Policyholder Rights as ACORD 65 MN
 - b. Add references to the options of the Named Insured and Named Insured and Family Members Age 60 - 64 and Retired and Receiving a Pension
16. Add field for NATIONAL PRODUCER NUMBER
17. Add Page 2 of 2 to Footer

Explanation of Changes 08-31-2006

171 CT (2006/08)

Coverage Election by Employee Who Is an Officer of a Corporation, Manager of an LLC, or Member of a Multiple-Member LLC

Treat as a new form, multiple changes. Many of the fields are the same, but the labels may have changed.

172 CT (2006/08)

Coverage Election by Employees who are Members of a Partnership

Treat as a new form, multiple changes. Many of the fields are the same, but the labels may have changed.

173 CT (2006/08)

Coverage Election by Sole Proprietor or Single-Member LLC

Treat as a new form, multiple changes. Many of the fields are the same, but the labels may have changed.

Explanation of Changes 08-31-2006

Countrywide - New

823 (2006/08)

Commercial Application Supplement - Additional Premises Information Section

Use this supplement as an attachment to ACORD 125, Commercial Insurance Application, when more space is required for additional premises.

State Specific - New

50 AL (2006/08)

Alabama Insurance Identification Card

The difference between the generic ACORD Automobile Insurance Card, ACORD 50, and the Alabama card is the addition of the sentence on the reverse side of the card stating, "POLICY PROVIDES THE MINIMUM INSURANCE PRESCRIBED BY LAW."

50 AZ (2006/08)

Arizona Insurance Identification Card

The difference between the generic ACORD Automobile Insurance Card, ACORD 50, and the Arizona card is that the Company Number is a number assigned by the Arizona Department of Transportation for the individual company.

LIFE & ANNUITY FORMS - NONE

WITHDRAWN FORMS - NONE

FIG CHANGES ONLY

85 (2005/08)

Mobile Home Application

In GENERAL INFORMATION section, Question 7, re: cancellation; FIG currently reads "This question cannot be asked in certain states." Replace certain states with Missouri.