



ACORD Forms Notification Service October 2019 Bulletin

ACORD P&C and Life/Annuity/Health Form Changes and Additions

The following pages include both a list of new and revised ACORD forms and an Explanation of the Changes made.

Forms can be found on the **Forms Portal** page at www.acord.org. The effective date included on the footer of all forms will match the date the form must be used in order to ensure compliance with our filings. To download forms, you will need to “sign-in” as an ACORD member with your user name and password.

If you need assistance, a sample of a form, or you would like to join ACORD, please call Member Services at (800) 444-3341, Option 2 or email us at memberservices@acord.org.

ACORD has configured a Forms Property & Casualty space on Confluence. This site is open to all ACORD Members and Participants currently enrolled in an ACORD Forms Program. Please contact memberservices@acord.org to obtain access to the site.

If you do not wish to receive this notification, please email memberservices@acord.org requesting that we unsubscribe you to this Forms Notification Service.



Forms Release 10-31-2019

Form Number	Replaces	Title	For Use on or after:	Regulatory Change
REVISIONS				
P&C Countrywide				
NONE				
P&C – State Specific				
90 MN (2019/12)	90 MN (2015/12)	Minnesota Personal Auto Application	2019/12	x
290 MN (2019/12)	290 (2015/12)	Minnesota Personal Auto Application Section	2019/12	x
NEW				
P&C-Countrywide				
NONE				
P&C - State Specific				
ENHANCEMENTS				
NONE				
Life & Annuity Enhancements				
NONE				
Withdrawn Forms				
NONE				



OCTOBER 2019
EXPLANATION OF CHANGES
P&C FORMS

New Forms

Countrywide

None

State Specific

None

Revisions

Countrywide

None

State Specific

Note: In this month's release, changes were made to ACORD 90 MN and 290 MN in response to the Minnesota Department of Commerce's request. The Department sought changes to ACORD 90 MN and 290 MN to obtain information from the applicant concerning suspension/cancellations of coverage for valid reasons, including military service. The Department relied upon M.S.A. §72A.20 to support the change to the form. These forms have been filed with the Department and approved.

1. ACORD 90 MN (2019/12)
MINNESOTA PERSONAL AUTO APPLICATION

1. New Logo on the top of Page 1.
2. Change Agency to Producer Page 1.

3. Change form edition and copyright dates.

4. Page 3, add a new question 8:

HAS ANY DRIVER NOT MAINTAINED PERSONAL AUTOMOBILE INSURANCE COVERAGE (E.G., DUE TO MILITARY DEPLOYMENT) DURING THE INSURER'S REQUIRED EXPERIENCE PERIOD? (IF "YES," PLEASE EXPLAIN.)

Start Date: End Date:

DRV # COVERAGE SUSPENSION/CANCELLATION PERIOD EXPLANATION

5. Renumber the rest of the questions in the General Information section.

6. Page 4, delete sentence starting with "I also understand that I have the right to request in writing that extraordinary life circumstances be considered in connection with the development of my credit score."

**2. ACORD 290 MN (2019/12)
MINNESOTA PERSONAL AUTO APPLICATION SECTION**

1. New Logo on the top of Page 1.

2. Change Agency to Producer Page 1.

3. Change form edition and copyright dates.

4. Page 2, add a new question:

HAS ANY DRIVER NOT MAINTAINED PERSONAL AUTOMOBILE INSURANCE COVERAGE (E.G., DUE TO MILITARY DEPLOYMENT) DURING THE INSURER'S REQUIRED EXPERIENCE PERIOD? (IF "YES," PLEASE EXPLAIN.)

Start Date: End Date:

DRV # COVERAGE SUSPENSION/CANCELLATION PERIOD EXPLANATION

5. Renumbered the rest of the questions in the General Information section.

6. Add language to Page 4 :

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE AGENT NAMED ABOVE, IF ANY, AND/OR THE UNDERWRITING DEPARTMENT OF THE INSURANCE COMPANY NAMED ABOVE TO COLLECT CREDIT-RELATED AND OTHER INFORMATION ABOUT ME FROM THE FOLLOWING TYPES OF ORGANIZATIONS:

- CREDIT BUREAUS
- OTHER ORGANIZATIONS PROVIDING PERSONAL OR PRIVILEGED INFORMATION

I UNDERSTAND THIS INFORMATION WILL BE USED FOR THE PURPOSE OF MAKING UNDERWRITING DECISIONS IN CONNECTION WITH THE INSURANCE FOR WHICH I HAVE APPLIED, SOUGHT REINSTATEMENT OR REQUESTED A CHANGE IN BENEFITS. THESE DECISIONS MAY INCLUDE DETERMINATIONS TO GRANT OR DENY ME COVERAGE AND/OR THE RATES I WILL BE CHARGED.

(Per Minnesota Statute § 72A.501)

NOTICE OF CREDIT SCORING INFORMATION (APPLIES ONLY IF BOX IS CHECKED):

YOUR AGENT WILL OBTAIN CREDIT SCORING INFORMATION FOR THE PURPOSE OF UNDERWRITING THE POLICY AND/OR DETERMINING THE PREMIUM THAT YOU WILL BE CHARGED.

LIFE & ANNUITY

Countrywide

NONE

State Specific

NONE

Withdrawn

NONE

ENHANCEMENTS

NONE