



## ACORD Forms Notification Service January 2015 Bulletin

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

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

Beginning in April 2013, we made an enhancement to our filing and forms release processes. Whenever possible, new and revised ACORD forms will be made available one to six months in advance of the form effective date. In these instances, companies will have this additional time to implement the forms into their systems before the current versions are replaced. Both the current versions and the revised future effective date versions will be found on the Forms Download page at [www.acord.org](http://www.acord.org). The effective date included on the footer of all forms will match the date the form must be used in all jurisdictions in order to ensure compliance with our filings.

Copies of the forms referenced in this announcement can be downloaded in the formats you need at [www.acord.org](http://www.acord.org). To download forms, you will need to "sign-in" as an ACORD member with your user name and password. Once you are signed in, click on the Forms button, and then click on Download Forms to access the ones you need. If you need assistance, a sample of a form, or are an agent / broker who would like to join the Advantage Program, please call Member Services at (800) 444-3341, Option 2 or email us at [memberservices@acord.org](mailto:memberservices@acord.org).

If you do not wish to receive this notification, please send an email to [memberservices@acord.org](mailto:memberservices@acord.org) requesting that we unsubscribe you to this Forms Notification Service.

**ACORD Forms Release 01-30-2015**

Form Number	Replaces	Title	For Use on or after:
<b>REVISIONS</b>			
<b>P&amp;C - Countrywide</b>	<b>NONE</b>		
<b>P&amp;C - State Specific</b>			
66 CT (2015/02)	2006/06	Connecticut FAIR Plan, Application for Basic Property & Liability Insurance	2/6/2015
<b>Life - Countrywide</b>	<b>NONE</b>		
<b>Life - State Specific</b>	<b>NONE</b>		
<b>NEW</b>	<b>NONE</b>		
<b>WITHDRAWN</b>	<b>NONE</b>		

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Form Number		Title	
<b>e-Label Corrections</b>			
60 US (2008/02)		Insurance Supplement (Mapping List only was incorrect - Form had correct e-label)	
61 AZ (2001/02)		Arizona Auto Supplement	
61 CT (2010/01)		Connecticut Auto Supplement	
855 TX (2012/08)		Texas Risk Pool Certificate of Liability Insurance	
<b>Field Name and / or Description</b>			
64 NY (2008/06)		New York Auto Supplement	
106 (2010/04)		Vacant Building Supplement	
133 WI (2010/04)		Wisconsin Workers' Compensation Insurance Pool (eForm files only)	
812 (2006/02)		Agency Questionnaire	
<b>Mapping Key Only Corrections</b>			
133 MI (2012/08)	GENERAL INFORMATION	Michigan Application for Workers' Compensation Insurance Q. 8 - YES / NO e-labels reversed	
<b>Fillable Forms Only</b>			
133 (2012/12)		Workers Compensation Plan Assigned Risk Section Q. 3 Year Applicant's Business Began should be a "year" field - not a "date"	
<b>eForm zip missing Mapping Key</b>			
70 (2012/03)		Personal Policy Change Request (Except Auto)	
80 (2013/09)		Homeowner Application	
84 (2013/09)		Dwelling Fire Application	
89 (2014/12)		Residential Section	

**e-Label Corrections:** See rows highlighted in yellow in the excel Mapping List (Highlighted) spreadsheet posted on the ACORD website in the eForm zip file.

See also the FIG excel (highlighted) spreadsheet in the Toolkit zip file.

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The following Personal Auto Applications did not have enough space in the *COVERAGES / PREMIUMS* section, other blank coverages rows, *CODE* column, to enter a five character entry. That has been corrected and new files have been posted on the ACORD website.

90 AK (2014/12)	90 UT (2014/12)
90 AL (2014/12)	90 VA (2014/12)
90 AR (2014/12)	90 VI (2014/12)
90 AZ (2014/12)	90 VT (2014/12)
90 CA (2014/12)	90 WA (2014/12)
90 CO (2014/12)	90 WI (2014/12)
90 CT (2014/12)	90 WV (2014/12)
90 DC (2014/12)	90 WY (2014/12)
90 DE (2013/12)	
90 FL (2014/01)	
90 GA (2014/12)	
90 HI (2014/12)	
90 IA (2014/12)	
90 ID (2014/12)	
90 IL (2014/12)	
90 IN (2014/12)	
90 KS (2014/12)	
90 KY (2014/12)	
90 LA (2014/12)	
90 MD (2014/12)	
90 ME (2014/12)	
90 MI (2014/12)	
90 MN (2014/12)	
90 MO (2014/12)	
90 MS (2013/10)	
90 MT (2014/12)	
90 NC (2014/12)	
90 ND (2014/12)	
90 NE (2014/12)	
90 NH (2014/12)	
90 NJ (2014/12)	
90 NM (2014/12)	
90 NV (2013/10)	
90 NY (2014/12)	
90 OH (2014/12)	
90 OK (2014/12)	
90 OR (2014/12)	
90 PA (2014/12)	
90 PR (2014/12)	
90 RI (2014/12)	
90 SC (2014/12)	
90 SD (2014/12)	
90 TN (2014/12)	
90 TX (2014/12)	

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290s

290 AK (2014/12)	290 UT (2014/12)
290 AL (2014/12)	290 VA (2014/12)
290 AR (2014/12)	290 VI (2014/12)
290 AZ (2014/12)	290 VT (2014/12)
290 CA (2014/12)	290 WA (2014/12)
290 CO (2014/12)	290 WI (2014/12)
290 CT (2014/12)	290 WV (2014/12)
290 DC (2014/12)	290 WY (2014/12)
290 DE (2014/12)	
290 GA (2014/12)	
290 HI (2014/12)	
290 IA (2014/12)	
290 ID (2014/12)	
290 IL (2014/12)	
290 IN (2014/12)	
290 KS (2014/12)	
290 KY (2014/12)	
290 LA (2014/12)	
290 MD (2014/12)	
290 ME (2014/12)	
290 MI (2014/12)	
290 MN (2014/12)	
290 MO (2014/12)	
290 MS (2014/12)	
290 MT (2014/12)	
290 NC (2014/12)	
290 ND (2014/12)	
290 NE (2014/12)	
290 NH (2014/12)	
290 NJ (2014/12)	
290 NM (2014/12)	
290 NV (2014/12)	
290 NY (2014/12)	
290 OH (2014/12)	
290 OK (2014/12)	
290 OR (2014/12)	
290 PA (2014/12)	
290 PR (2014/12)	
290 RI (2014/12)	
290 SC (2014/12)	
290 SD (2014/12)	
290 TN (2014/12)	
290 TX (2014/12)	

## Explanation of Changes 01-30-2015

### P&C FORMS

#### Countrywide - Revised

NONE

#### State Specific - Revised

66 CT (2015/02)

Connecticut FAIR Plan

Application for Basic Property & Liability Insurance

Page 1

1. Center title of form
2. In questions 7, 9, 10, 15, 16 and 17, delete hard printed lines and replace with a border around the area to enter further information
3. Revise ACORD copyright years to 2001-2015 and insert as the first characters after to copyright symbol. Add All rights reserved.

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4. In questions 18 and 21 (b), delete hard printed lines and replace with a border around the area to enter further information
5. Add new Question 23, "Is there any unrepaired damage on the property?" with YES and NO checkboxes, with a field below to capture explanation, if answered YES
6. Reduce height of REMARKS section
7. HABITATIONAL PROPERTY section, in DEDUCTIBLE area, add checkboxes for \$5,000, \$7,500 and \$10,000 and reformat to fit. Revise text in parentheses.
8. COMMERCIAL PROPERTY section, Deductible area, revise text in parentheses
9. COMMERCIAL PROPERTY section, Exact Occupancy area add a border around the area to enter further information

Page 3

10. First paragraph, third sentence delete the word "Normal" immediately before "Voluntary Market"
11. First paragraph, in the third and last sentences, replace "The Insurance Services Office" with "Mueller Services, Inc."
12. Add "Misrepresentation could void insurance." at the end of the text immediately above the boxed Notice to Applicant information

#### Countrywide - New - NONE

#### State Specific - New - NONE

#### WITHDRAWN FORMS - NONE

Explanation of Changes 01-30-2015

LIFE / ANNUITY / HEALTH FORMS

Countrywide - Revised - NONE

State Specific - Revised - NONE

Countrywide - New - NONE

State Specific - New - NONE

WITHDRAWN FORMS - NONE