



## **ACORD Forms Notification Service October 2020 Bulletin**

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

The following pages include both a list of any 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](http://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](mailto:memberservices@acord.org).

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



**Forms Release 10-31-2020**

<b>Form Number</b>	<b>Replaces</b>	<b>Title</b>	<b>For Use on or after:</b>	<b>Regulatory Change</b>
<b>REVISIONS</b>				
<b>P&amp;C Countrywide</b>				
<b>60 MA (2020/11)</b>	2018/09	Massachusetts Property Insurance Underwriting Application for Homeowners Insurance	2020/11	X
<b>P&amp;C – State Specific</b>				
<b>NONE</b>				
<b>NEW</b>				
<b>P&amp;C-Countrywide</b>				
<b>NONE</b>				
<b>P&amp;C - State Specific</b>				
<b>NONE</b>				
<b>Life &amp; Annuity</b>				
<b>Enhancements Only:</b>				
<b>NONE</b>				
<b>Withdrawn Forms</b>				
<b>NONE</b>				



**October 2020**  
**EXPLANATION OF CHANGES**

**P&C FORMS**

**State Specific**

**New forms**

**None.**

**Revised forms**

**1. ACORD 60 MA (2020/11)  
MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING APPLICATION FOR HOMEOWNERS  
INSURANCE**

At the request of the MPIUA, the following changes are made to the form:

1. Add to 3 on page 1: "LOCATION OCCUPIED AS:"
2. Add RCT HOME COST ESTIMATOR VALUE (ASSOCIATION RCT COST ESTIMATOR REQUIRED) in place of EST BUILDING REPLACEMENT COST (ASSOCIATION HOME COST ESTIMATOR WORKSHEET REQUIRED) on page 1.
3. Page 2, to section number 9, General Information: Delete Item A, B, and C and add the following, including a new "D":

A. HAS ANY OR WILL ANY BUSINESS BE CONDUCTED ON THE PREMISES?

B. ARE THERE OR WILL THERE BE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES?  
(IF YES, DESCRIBE IN DETAIL)

C. IS ANY PORTION OF THE RESIDENCE PREMISES USED FOR HOME SHARING, SHORT TERM RENTALS OR LESS THAN WEEKLY RENTAL? IF "YES": WHAT PORTION OF THE PROPERTY IS RENTED? WHAT IS THE DURATION OF THE PROPERTY/UNIT RENTAL? HOW OFTEN IS THE PROPERTY OFFERED FOR RENTAL IN THIS CAPACITY? PROVIDE EXPLANATION.

D. IS THE UNIT IN WHICH YOU RESIDE ON THE RESIDENCE PREMISES RENTED OR INTENDED FOR RENTAL AT ANY TIME DURING THE YEAR? IF YES, STATE NUMBER OF WEEKS YOUR UNIT ON THE RESIDENCE PREMISES IS OR WILL BE RENTED.

Re-letter the General Information questions, starting with "E." for "DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES" and continuing to T. HAS APPLICANT OBTAINED LETTER OF INTERIM CONTROL OR LETTER OF COMPLIANCE FOR LEAD PAINT?

4. Delete the sentence above Signature of Licensed Broker or Agent starting with Under the penalties of perjury and replace it with: I HEREBY CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF MASSACHUSETTS, AND THAT I AM UNABLE TO PRACTICABLY PLACE THIS INSURANCE THROUGH MY CUSTOMARY MARKETS ON BEHALF OF THE APPLICANT.
5. Change the copyright date and the edition date to 2020/11.

### **LIFE AND ANNUITY**

#### **State Specific**

##### **New forms**

**None.**

##### **Revised forms**

**None.**

##### **Enhancements:**

**None.**