

# ACORD Form Submission Checklist

A comprehensive guide for insurance agents and brokerage staff to ensure accurate and complete ACORD form submissions. This checklist will help you navigate the essential requirements, avoid common errors, and streamline your submission process for maximum efficiency and compliance.

# Policy Information Requirements

## Named Insured Details

### Required Fields:

- Full legal name of insured
- Complete mailing address
- Physical location if different
- Federal Tax ID or SSN
- Contact phone and email

Verify all information matches official business documents and ensure consistency across all forms in the submission package.

## Policy Numbers & Dates

### Essential Information:

- Current policy number
- Effective date (MM/DD/YYYY)
- Expiration date (MM/DD/YYYY)
- Prior policy numbers if renewal
- Carrier name and NAIC code

Double-check all dates for accuracy and ensure there are no gaps in coverage for renewal submissions.

# Producer and Agency Information



## Agency Details

Complete agency legal name

Physical office address

State license numbers

Contact information



## Producer Code

Individual producer number

Carrier-specific codes

Sub-producer if applicable

Commission split details



## Contact Method

Primary phone number

Direct email address

Fax number if required

Preferred communication

Accurate producer information ensures proper commission tracking and enables efficient communication throughout the underwriting process. Verify your producer codes with each carrier as they may differ.

# Coverage Selection Checklist

1

## General Liability

### Coverage Limits:

- Each Occurrence:  
\$\_\_\_\_\_
- General Aggregate:  
\$\_\_\_\_\_
- Products/Completed Ops:  
\$\_\_\_\_\_
- Personal & Advertising  
Injury: \$\_\_\_\_\_
- Medical Payments:  
\$\_\_\_\_\_
- Damage to Rented  
Premises: \$\_\_\_\_\_

Claims-made  Occurrence  
basis

Additional insureds attached

2

## Property Coverage

### Building & Contents:

- Building Limit: \$\_\_\_\_\_
- Business Personal  
Property: \$\_\_\_\_\_
- Business Income:  
\$\_\_\_\_\_
- Extra Expense: \$\_\_\_\_\_
- Valuation:  RC  ACV
- Deductible: \$\_\_\_\_\_

Coinsurance percentage:  
\_\_\_\_%

Protective safeguards  
verified

3

## Auto Coverage

### Vehicle Information:

- Liability Limit: \$\_\_\_\_\_
  - Number of vehicles:  
\_\_\_\_\_
  - Vehicle schedule attached:  
 Yes
  - Comprehensive  
deductible: \$\_\_\_\_\_
  - Collision deductible:  
\$\_\_\_\_\_
  - Hired/Non-owned:   
Included
- Driver list complete and  
current

# Workers Compensation Details

Workers compensation forms require specific payroll and classification information. Accuracy in this section is critical for proper premium calculation and coverage determination.

Class Code	Description	Annual Payroll	# Employees
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
<b>Total:</b>		<b>\$ _____</b>	_____

## State Coverage

List all states: \_\_\_\_\_

Monopolistic states excluded

USL&H coverage included

## Experience Modification

Current MOD: \_\_\_\_\_

Effective date: \_\_\_\_\_

MOD worksheet attached

## Officers & Exclusions

Officers included:  Yes  No

Number of officers:

\_\_\_\_\_

Exclusion forms attached

# Additional Insured Requirements

Many policies require additional insured endorsements for contractual compliance. Proper documentation of these requirements is essential for certificate issuance and claim handling.

01

---

## Identify Required Parties

Review all contracts for additional insured requirements

Full legal name:

---

Address:

---

03

---

## Specify Coverage Scope

- Ongoing operations
- Completed operations
- Products coverage

Coverage period: \_\_\_\_\_ to \_\_\_\_\_

02

---

## Determine Coverage Type

- Blanket additional insured
- Scheduled additional insured
- Primary and non-contributory required
- Waiver of subrogation needed

04

---

## Attach Documentation

- Contract copy included
- Certificate holder information complete
- Special requirements noted

# Loss History Documentation

## Five-Year Loss Run Requirements

Comprehensive loss history is mandatory for most submissions. Ensure you provide complete information for all claim types across the requested time period.

### Required Information Per Claim:

- Date of loss: \_\_\_\_\_
- Type of loss: \_\_\_\_\_
- Amount paid to date: \$\_\_\_\_\_
- Amount reserved: \$\_\_\_\_\_
- Status:  Open  Closed
- Description of incident: \_\_\_\_\_
- Corrective actions taken: \_\_\_\_\_

Loss runs from all carriers attached

If no losses, declaration signed



### Important Note

Some carriers require loss runs directly from prior insurers. Allow 7-10 business days for carrier-to-carrier loss run requests to process.

# Property-Specific Information

## Building Details

Year built: \_\_\_\_\_

Square footage: \_\_\_\_\_

Number of stories:  
\_\_\_\_\_

Construction type:

Frame  Joisted Masonry

Non-Combustible  Masonry  
Non-Combustible

Modified Fire Resistive  Fire  
Resistive

Roof type: \_\_\_\_\_

Roof age: \_\_\_\_\_

Updates: HVAC \_\_\_\_\_

Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_

## Protection Class

Fire protection class:  
\_\_\_\_\_

Distance to fire station: \_\_\_\_\_  
miles

Distance to hydrant: \_\_\_\_\_  
feet

Sprinkler system:  Yes  No

Type:  Wet  Dry  Pre-action

Alarm system:  Yes  No

Type:  Local  Central   
Proprietary

Last inspection date:  
\_\_\_\_\_

Inspection certificates  
attached

## Occupancy Information

Primary use: \_\_\_\_\_

Secondary uses: \_\_\_\_\_

Percentage owner-occupied:  
\_\_\_\_\_%

Tenant information:

Name: \_\_\_\_\_

Business type: \_\_\_\_\_

Lease expiration: \_\_\_\_\_

Tenant list attached if  
multiple

Hazardous operations  
disclosed

# Signature and Authorization

All ACORD forms must be properly signed and dated to be considered complete submissions. Electronic signatures are accepted by most carriers but verify specific requirements.

**1**

## Insured Authorization

### Applicant/Insured Signature:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirming accuracy of all information provided

Authorizing premium payment

**2**

## Producer Attestation

### Agent/Producer Signature:

Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirming information accuracy

Disclosing all material facts

**3**

## Supporting Documents

Application supplements

Loss runs (5 years)

Financial statements

Additional insured requests

Waiver of subrogation requests

Vehicle schedules

Building appraisals/valuations

Contracts requiring insurance

# Final Submission Checklist

## 1 Verify All Required Fields

Review every section of the ACORD form to ensure no fields are left blank. Use "N/A" or "None" where information is not applicable rather than leaving fields empty.

## 2 Confirm Attachment Completeness

Cross-reference your document list with carrier requirements. Ensure all supplemental forms, schedules, and supporting documentation are included and properly labeled.

## 3 Double-Check Accuracy

Verify that all policy numbers, dates, limits, and contact information are correct. Confirm that additional insured names and addresses match contract requirements exactly.

## 4 Obtain Required Signatures

Ensure both insured and producer signatures are present where required. Verify that signature dates are current and within carrier acceptance timeframes.

## 5 Submit Through Proper Channel

Use the carrier's preferred submission method—email, portal upload, or EDI transmission. Retain a complete copy of the submission package for your records and follow up within 48 hours to confirm receipt.

Following this comprehensive checklist will significantly reduce submission rejections and expedite the underwriting process, leading to faster policy issuance and improved client satisfaction.