

## ACORD 50 FL (2017/05) - FLORIDA PERSONAL AUTO INSURANCE IDENTIFICATION CARD

ACORD 50 FL, Florida Auto Insurance Identification Card, is used as proof of automobile insurance. The Florida Auto Insurance Identification Card was created in response to Florida regulations. The main differences between the generic ACORD Automobile Insurance Card, ACORD 50, and the Florida card are: \* The size of the card is 3 1/2 inches wide, 2 1/4 inches high \* The name of the insurance carrier should be followed by the carrier's unique five digit Florida company code. \* Boxes referring to Personal Injury Protection Benefits/Property Damage Liability and Bodily Injury Liability must be checked, according to the coverage provided. \* Statement is included on the back of the card referring to the fact that misrepresentation of insurance is a first degree misdemeanor. \* The insured should be issued two cards.

### Form Page 1

Section Name	Field Name	Description
INSURANCE IDENTIFICATION CARD	Company One	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
INSURANCE IDENTIFICATION CARD	Florida Company Code One	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
INSURANCE IDENTIFICATION CARD	Policy Number One	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
INSURANCE IDENTIFICATION CARD	Effective Date One	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
INSURANCE IDENTIFICATION CARD	Personal Injury Protection Benefits/Property Damage Liability (checkbox) One	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
INSURANCE IDENTIFICATION CARD	Bodily Injury Liability (checkbox) One	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
INSURANCE IDENTIFICATION CARD	Named Insured One	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
INSURANCE IDENTIFICATION CARD	Address (Optional) One	Enter text: The named insured's mailing address line one.
INSURANCE IDENTIFICATION CARD		Enter text: The named insured's mailing address line two.
INSURANCE IDENTIFICATION CARD		Enter text: The named insured's mailing address city name.
INSURANCE IDENTIFICATION CARD		Enter code: The named insured's mailing address state or province code.

<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year One</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make One</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model One</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number One</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company One</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code One</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number One</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date One</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) One</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) One</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured One</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) One</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.

<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year One</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make One</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model One</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number One</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.

**Form Page 2**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
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**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company Two</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code Two</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number Two</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date Two</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) Two</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) Two</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured Two</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) Two</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year Two</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make Two</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model Two</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number Two</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company Two</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code Two</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number Two</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date Two</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) Two</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) Two</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured Two</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) Two</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year Two</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make Two</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model Two</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number Two</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company Three</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code Three</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number Three</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date Three</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) Three</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) Three</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured Three</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) Three</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year Three</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make Three</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model Three</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number Three</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company Three</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code Three</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number Three</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date Three</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) Three</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) Three</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured Three</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) Three</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year Three</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make Three</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model Three</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number Three</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company Four</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code Four</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number Four</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date Four</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) Four</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) Four</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured Four</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) Four</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year Four</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make Four</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model Four</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number Four</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company Four</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.



<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code Four</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number Four</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date Four</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) Four</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) Four</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured Four</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) Four</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year Four</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make Four</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model Four</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number Four</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company Five</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code Five</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number Five</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date Five</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) Five</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) Five</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured Five</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) Five</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year Five</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make Five</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model Five</b>	Enter text: The manufacturer's model name for the vehicle.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number Five</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company Five</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Florida Company Code Five</b>	Enter identifier: The identification code assigned to the insurer by the state. As used here, enter the carrier's unique five digit Florida company code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Policy Number Five</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date Five</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits/Property Damage Liability (checkbox) Five</b>	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Bodily Injury Liability (checkbox) Five</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured Five</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional) Five</b>	Enter text: The named insured's mailing address line one.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address line two.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The named insured's mailing address city name.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The named insured's mailing address postal code.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year Five</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make Five</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model Five</b>	Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number Five</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.

**Form Page 4**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
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