

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 04/30/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 50 LA (2008/03)	Louisiana Auto Insurance Identification Card	<p>The title of the form. ACORD 50 LA, Louisiana Auto Insurance Identification Card, was created in response to Louisiana regulations. The main differences between the generic ACORD Automobile Insurance Card, ACORD 50, and the Louisiana card are:</p> <ul style="list-style-type: none"> * The company NAIC number and name and address must be shown on the front of the card. * The explanation of penalties for failure to comply with statutes and regulations is revised. * A statement is added to the front of the card referencing an authorized insurer who has issued a motor vehicle policy with coverage that meets the minimum liability limits prescribed by law. * The back of the form contains an Important Notice, required by regulation, that explains Louisiana compulsory insurance requirements, and the possible penalties for failing to comply. * The name, address and telephone number of the insurance agent, and a list of any excluded drivers, must appear on the back of the form. * Two cards must be issued to the insured; one to be retained in the insured vehicle, and the second to provide proof of insurance at the time license plates are purchased.
IDENTIFICATION SECTION	Commercial Checkbox One	Check the box (if applicable): Indicates the policy is a commercial lines policy.
IDENTIFICATION SECTION	Personal Checkbox One	Check the box (if applicable): Indicates the policy is a personal lines policy.
IDENTIFICATION SECTION	Company NAIC Number One	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Company Affording Coverage (Name and Address) 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.
IDENTIFICATION SECTION		Enter text: The first line of the insurer's mailing address.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION		Enter text: The second line of the insurer's mailing address.
IDENTIFICATION SECTION		Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The state or province of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The postal code of the insurer's mailing address.
IDENTIFICATION SECTION	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.
IDENTIFICATION SECTION	Effective Date One	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Expiration Date One	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Year One	Enter year: The model year of the vehicle.
IDENTIFICATION SECTION	Make One	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
IDENTIFICATION SECTION	Model One	Enter text: The manufacturer's model name for the vehicle.
IDENTIFICATION SECTION	Vehicle Identification Number One	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
IDENTIFICATION SECTION	Name of Insured One	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Commercial Checkbox Two	Check the box (if applicable): Indicates the policy is a commercial lines policy.
IDENTIFICATION SECTION	Personal Checkbox Two	Check the box (if applicable): Indicates the policy is a personal lines policy.
IDENTIFICATION SECTION	Company NAIC Number Two	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Company Affording Coverage (Name and Address) Two	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.
IDENTIFICATION SECTION		Enter text: The first line of the insurer's mailing address.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION		Enter text: The second line of the insurer's mailing address.
IDENTIFICATION SECTION		Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The state or province of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The postal code of the insurer's mailing address.
IDENTIFICATION SECTION	Policy Number Two	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.
IDENTIFICATION SECTION	Effective Date Two	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Expiration Date Two	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Year Two	Enter year: The model year of the vehicle.
IDENTIFICATION SECTION	Make Two	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
IDENTIFICATION SECTION	Model Two	Enter text: The manufacturer's model name for the vehicle.
IDENTIFICATION SECTION	Vehicle Identification Number Two	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
IDENTIFICATION SECTION	Name of Insured Two	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Commercial Checkbox Three	Check the box (if applicable): Indicates the policy is a commercial lines policy.
IDENTIFICATION SECTION	Personal Checkbox Three	Check the box (if applicable): Indicates the policy is a personal lines policy.
IDENTIFICATION SECTION	Company NAIC Number Three	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Company Affording Coverage (Name and Address) Three	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.
IDENTIFICATION SECTION		Enter text: The first line of the insurer's mailing address.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION		Enter text: The second line of the insurer's mailing address.
IDENTIFICATION SECTION		Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The state or province of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The postal code of the insurer's mailing address.
IDENTIFICATION SECTION	Policy Number Three	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.
IDENTIFICATION SECTION	Effective Date Three	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Expiration Date Three	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Year Three	Enter year: The model year of the vehicle.
IDENTIFICATION SECTION	Make Three	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
IDENTIFICATION SECTION	Model Three	Enter text: The manufacturer's model name for the vehicle.
IDENTIFICATION SECTION	Vehicle Identification Number Three	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
IDENTIFICATION SECTION	Name of Insured Three	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Commercial Checkbox Four	Check the box (if applicable): Indicates the policy is a commercial lines policy.
IDENTIFICATION SECTION	Personal Checkbox Four	Check the box (if applicable): Indicates the policy is a personal lines policy.
IDENTIFICATION SECTION	Company NAIC Number Four	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Company Affording Coverage (Name and Address) Four	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.
IDENTIFICATION SECTION		Enter text: The first line of the insurer's mailing address.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION		Enter text: The second line of the insurer's mailing address.
IDENTIFICATION SECTION		Enter text: The city of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The state or province of the insurer's mailing address.
IDENTIFICATION SECTION		Enter code: The postal code of the insurer's mailing address.
IDENTIFICATION SECTION	Policy Number Four	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.
IDENTIFICATION SECTION	Effective Date Four	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Expiration Date Four	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Year Four	Enter year: The model year of the vehicle.
IDENTIFICATION SECTION	Make Four	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
IDENTIFICATION SECTION	Model Four	Enter text: The manufacturer's model name for the vehicle.
IDENTIFICATION SECTION	Vehicle Identification Number Four	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
IDENTIFICATION SECTION	Name of Insured Four	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Insurance Agent (Name, Address, & Telephone Number) One	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION		Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Excluded Drivers One	Enter text: The driver's first name (given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's middle name or initial (other given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's last name (surname). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's first name (given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's middle name or initial (other given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's last name (surname). As used here, this is an excluded driver.
IDENTIFICATION SECTION	Insurance Agent (Name, Address, & Telephone Number) Two	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION		Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Excluded Drivers Two	Enter text: The driver's first name (given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's middle name or initial (other given name). As used here, this is an excluded driver.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION		Enter text: The driver's last name (surname). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's first name (given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's middle name or initial (other given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's last name (surname). As used here, this is an excluded driver.
IDENTIFICATION SECTION	Insurance Agent (Name, Address, & Telephone Number) Three	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION		Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Excluded Drivers Three	Enter text: The driver's first name (given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's middle name or initial (other given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's last name (surname). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's first name (given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's middle name or initial (other given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's last name (surname). As used here, this is an excluded driver.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Insurance Agent (Name, Address, & Telephone Number) Four	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION		Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Excluded Drivers Four	Enter text: The driver's first name (given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's middle name or initial (other given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's last name (surname). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's first name (given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's middle name or initial (other given name). As used here, this is an excluded driver.
IDENTIFICATION SECTION		Enter text: The driver's last name (surname). As used here, this is an excluded driver.
EDITION	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).