

**Universal wording updates to improve clarity and intent were made to all FIG text for this form on 04/10/2009.**

| Section Name                             | Field Name   | Field and/or Section Description  |
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|  |  | <p>The title of the form. ACORD 50 ME, Maine Motor Vehicle Insurance Identification Card, was created in response to Maine regulations.</p> <p>The differences between the ACORD Automobile Insurance Card, ACORD 50 WM, and the Maine card are:</p> <p>The title of the form is Maine Motor Vehicle Insurance Identification Card and, The addition of the sentence on the reverse side of the card stating "POLICY PROVIDES THE MINIMUM INSURANCE REQUIRED BY LAW."</p> |
| <b>TITLE<br/>ACORD 50 ME (2007/08)</b>   | <b>Maine Motor Vehicle Insurance<br/>Identification Card</b> | ACORD 50 is still acceptable in Maine. However you must meet the criteria referenced above.   |
| <b>INSURANCE<br/>IDENTIFICATION CARD</b> | <b>Check box - Commercial One</b>                            | Check the box (if applicable): Indicates the policy is a commercial lines policy.   |
| <b>INSURANCE<br/>IDENTIFICATION CARD</b> | <b>Check box - Personal One</b>                              | Check the box (if applicable): Indicates the policy is a personal lines policy.   |
| <b>INSURANCE<br/>IDENTIFICATION CARD</b> | <b>Company Number One</b>                                    | Enter code: The identification code assigned to the insurer by the NAIC.  |
| <b>INSURANCE<br/>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<br/>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<br/>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.  |
| <b>INSURANCE<br/>IDENTIFICATION CARD</b> | <b>Expiration Date One</b>                                   | Enter date: The date on which the terms and conditions of the policy will expire.   |
| <b>INSURANCE<br/>IDENTIFICATION CARD</b> | <b>Year One</b>  | Enter year: The model year of the vehicle.  |
| <b>INSURANCE<br/>IDENTIFICATION CARD</b> | <b>Make One</b>  | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).   |
| <b>INSURANCE<br/>IDENTIFICATION CARD</b> | <b>Model One</b>   | Enter text: The manufacturer's model name for the vehicle.  |

| Section Name                  | Field Name                        | Field and/or Section Description   |
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| INSURANCE IDENTIFICATION CARD | Vehicle Identification Number One | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.   |
| INSURANCE IDENTIFICATION CARD | Agency/Company Issuing Card One   | Enter text: The full name of the producer/agency.  |
| INSURANCE IDENTIFICATION CARD |                                   | Enter text: The mailing address line one of the producer/agency.   |
| INSURANCE IDENTIFICATION CARD |                                   | Enter text: The mailing address line two of the producer/agency.   |
| INSURANCE IDENTIFICATION CARD |                                   | Enter text: The mailing address city name of the producer/agency.  |
| INSURANCE IDENTIFICATION CARD |                                   | Enter code: The mailing address state or province code of the producer/agency.   |
| INSURANCE IDENTIFICATION CARD |                                   | Enter code: The mailing address postal code of the producer/agency.  |
| INSURANCE IDENTIFICATION CARD | Insured One                       | Enter text: The named insured(s) as it/they will appear on the policy declarations page.   |
| INSURANCE IDENTIFICATION CARD |                                   | 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.  |
| INSURANCE IDENTIFICATION CARD |                                   | Enter code: The named insured's mailing address postal code.   |
| INSURANCE IDENTIFICATION CARD | Check box - Commercial Two        | Check the box (if applicable): Indicates the policy is a commercial lines policy.  |
| INSURANCE IDENTIFICATION CARD | Check box - Personal Two          | Check the box (if applicable): Indicates the policy is a personal lines policy.  |
| INSURANCE IDENTIFICATION CARD | Company Number Two                | Enter code: The identification code assigned to the insurer by the NAIC.   |
| INSURANCE IDENTIFICATION CARD | Company 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. |

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

| Section Name                  | Field Name                          | Field and/or Section Description   |
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| INSURANCE IDENTIFICATION CARD |                                     | Enter code: The named insured's mailing address state or province code.  |
| INSURANCE IDENTIFICATION CARD |                                     | Enter code: The named insured's mailing address postal code.   |
| INSURANCE IDENTIFICATION CARD | Check box - Commercial Three        | Check the box (if applicable): Indicates the policy is a commercial lines policy.  |
| INSURANCE IDENTIFICATION CARD | Check box - Personal Three          | Check the box (if applicable): Indicates the policy is a personal lines policy.  |
| INSURANCE IDENTIFICATION CARD | Company Number Three                | Enter code: The identification code assigned to the insurer by the NAIC.   |
| INSURANCE IDENTIFICATION CARD | Company 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.                     |
| INSURANCE IDENTIFICATION CARD | 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. |
| INSURANCE IDENTIFICATION CARD | Effective Date Three                | Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.   |
| INSURANCE IDENTIFICATION CARD | Expiration Date Three               | Enter date: The date on which the terms and conditions of the policy will expire.  |
| INSURANCE IDENTIFICATION CARD | Year Three                          | Enter year: The model year of the vehicle.   |
| INSURANCE IDENTIFICATION CARD | Make Three                          | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).  |
| INSURANCE IDENTIFICATION CARD | Model Three                         | Enter text: The manufacturer's model name for the vehicle.   |
| INSURANCE IDENTIFICATION CARD | Vehicle Identification Number Three | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.   |
| INSURANCE IDENTIFICATION CARD | Agency/Company Issuing Card Three   | Enter text: The full name of the producer/agency.  |
| INSURANCE IDENTIFICATION CARD |                                     | Enter text: The mailing address line one of the producer/agency.   |
| INSURANCE IDENTIFICATION CARD |                                     | Enter text: The mailing address line two of the producer/agency.   |
| INSURANCE IDENTIFICATION CARD |                                     | Enter text: The mailing address city name of the producer/agency.  |

| <b>Section Name</b>                  | <b>Field Name</b>                  | <b>Field and/or Section Description</b>  |
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| <b>INSURANCE IDENTIFICATION CARD</b> |                                    | Enter code: The mailing address state or province code of the producer/agency.   |
| <b>INSURANCE IDENTIFICATION CARD</b> |                                    | Enter code: The mailing address postal code of the producer/agency.  |
| <b>INSURANCE IDENTIFICATION CARD</b> | <b>Insured Three</b>               | Enter text: The named insured(s) as it/they will appear on the policy declarations page.   |
| <b>INSURANCE IDENTIFICATION CARD</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>Check box - Commercial Four</b> | Check the box (if applicable): Indicates the policy is a commercial lines policy.  |
| <b>INSURANCE IDENTIFICATION CARD</b> | <b>Check box - Personal Four</b>   | Check the box (if applicable): Indicates the policy is a personal lines policy.  |
| <b>INSURANCE IDENTIFICATION CARD</b> | <b>Company Number Four</b>         | Enter code: The identification code assigned to the insurer by the NAIC.   |
| <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>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.   |
| <b>INSURANCE IDENTIFICATION CARD</b> | <b>Expiration Date Four</b>        | Enter date: The date on which the terms and conditions of the policy will expire.  |
| <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>Section Name</b>                  | <b>Field Name</b>                         | <b>Field and/or Section Description</b>   |
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| <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>Agency/Company Issuing Card Four</b>   | Enter text: The full name of the producer/agency.   |
| <b>INSURANCE IDENTIFICATION CARD</b> |   | Enter text: The mailing address line one of the producer/agency.  |
| <b>INSURANCE IDENTIFICATION CARD</b> |   | Enter text: The mailing address line two of the producer/agency.  |
| <b>INSURANCE IDENTIFICATION CARD</b> |   | Enter text: The mailing address city name of the producer/agency.   |
| <b>INSURANCE IDENTIFICATION CARD</b> |   | Enter code: The mailing address state or province code of the producer/agency.                                      |
| <b>INSURANCE IDENTIFICATION CARD</b> |   | Enter code: The mailing address postal code of the producer/agency.   |
| <b>INSURANCE IDENTIFICATION CARD</b> | <b>Insured Four</b>                       | Enter text: The named insured(s) as it/they will appear on the policy declarations page.                            |
| <b>INSURANCE IDENTIFICATION CARD</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>Edition</b>                       | <b>Date</b>                               | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM). |