

## ACORD 50 NJ (2016/12) - State of New Jersey Temporary Evidence of Insurance

ACORD 50 NJ, State of New Jersey Temporary Evidence of Insurance, is used as temporary proof of insurance. It cannot be used as a permanent ID card. Use ACORD 51 NJ when a permanent ID card must be issued.

Two cards should be issued to the insured. One should be retained in the insured vehicle, and the other used to provide proof of insurance at the time license plates are purchased.

Please note: This evidence of insurance will expire 20 days after the effective date listed.

The following phrase has been added to the back of the card:  
"Address for notification of commencement of medical treatment."

All fields on the card must be properly completed to comply with New Jersey regulations.

Note: The Insurance Company Number shown on the card must be the NJ DMV Insurance Company Number for the company issuing the insurance policy.

HOWEVER, INSURERS INTENDING TO USE ACORD 50 NJ MUST SUBMIT A SPECIMEN COPY OF THE EVIDENCE OF INSURANCE CARD TO THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE, IDENTIFICATION CARD UNIT, BEFORE USE. ALL FIELDS MUST BE COMPLETED, SO THE NJDOBI CAN BE SURE THAT ALL REQUIRED INFORMATION WILL APPEAR ON THE FORM.

### Form Page 1

Section Name	Field Name	Description
INSURANCE IDENTIFICATION CARD	Company Number	Enter identifier: The identification code assigned to the insurer by the state.
INSURANCE IDENTIFICATION CARD	Company	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	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	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	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) As used here, this temporary identification card will expire 60 days after the effective date listed.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make/Model</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number</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</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</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>Company Number</b>	Enter identifier: The identification code assigned to the insurer by the state.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company</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</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</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>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) As used here, this temporary identification card will expire 60 days after the effective date listed.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make/Model</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number</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</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</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.

**Form Page 2**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address for Notification</b>	Enter text: The name of the individual, as established by the insurer, to be notified in the event medical treatment is required.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address for Notification</b>	Enter text: The address of the insurer's medical treatment contact.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address for Notification</b>	Enter text: The city of the insurer's medical treatment contact.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The state or province of the insurer's medical treatment contact.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The postal code of the insurer's medical treatment contact.
<b>EVIDENCE OF INSURANCE</b>	<b>Fax Number for Notification</b>	Enter number: The fax number of the insurer's medical treatment contact.
<b>EVIDENCE OF INSURANCE</b>	<b>E-mail Address for Notification</b>	Enter text: The e-mail address of the insurer's medical treatment contact.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address for Notification</b>	Enter text: The name of the individual, as established by the insurer, to be notified in the event medical treatment is required.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address for Notification</b>	Enter text: The address of the insurer's medical treatment contact.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address for Notification</b>	Enter text: The city of the insurer's medical treatment contact.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The state or province of the insurer's medical treatment contact.

<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The postal code of the insurer's medical treatment contact.
<b>EVIDENCE OF INSURANCE</b>	<b>Fax Number for Notification</b>	Enter number: The fax number of the insurer's medical treatment contact.
<b>EVIDENCE OF INSURANCE</b>	<b>E-mail Address for Notification</b>	Enter text: The e-mail address of the insurer's medical treatment contact.