

## ACORD 50 WM (2007/03) - INSURANCE IDENTIFICATION CARD w/Watermark

ACORD 50 WM may be used in all states where ACORD 50 is acceptable. This card contains a watermark (the word "ACORD") which is invisible when the form is photocopied. This feature helps to prevent fraudulent reproduction.

**IMPORTANT:** The watermark cannot be reproduced when ACORD 50 WM is download from this website. Paper copies of ACORD 50 WM can be ordered from ACORD Member services at 800-444-3341, Option 2 or by sending us an e-mail to [memberservice@acord.org](mailto:memberservice@acord.org). As an alternative, plain paper that include the watermark ACORD 360 WM and ACORD 370 WM) can also be ordered. This watermarked paper can be used in an office printer.

ACORD 50 WM is acceptable as a permanent card in New Jersey. However, before the card is issued, the following text: "Address for notification of commencement of medical treatment:", must be added to the reverse side of the card. Alternatively, ACORD 51 NJ, Permanent State of New Jersey Insurance Identification Card, which already contains this text, may also be used as a permanent card in New Jersey. For a temporary Auto ID card in New Jersey, use ACORD 50 NJ, Temporary State of New Jersey Insurance Identification Card.

### Form Page 1

Section Name	Field Name	Description
INSURANCE IDENTIFICATION CARD	State	Enter text: The full Name of state as shown in the address on the policy.
INSURANCE IDENTIFICATION CARD	Check box - Commercial One	Check the box (if applicable): Indicates the policy is a commercial lines policy.
INSURANCE IDENTIFICATION CARD	Check box - Personal One	Check the box (if applicable): Indicates the policy is a personal lines policy.
INSURANCE IDENTIFICATION CARD	Company Number One	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
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	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	Expiration Date One	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
INSURANCE IDENTIFICATION CARD	Year One	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>Agency/Company Issuing Card One</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 One</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.