

## ACORD 51 FL (2009/07) - Florida Commercial Auto Insurance Identification Card

ACORD 51 FL, Florida Commercial 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:

- \* This card should be issued for vehicles insured under a commercial auto policy. For personal auto insurance policies, use ACORD 50 FL, Florida Personal Auto Insurance Identification Card
- \* The size of the card is 3 1/2 inches wide, 2 1/4 inches high (wallet size)
- \* The name of the insurance carrier should be followed by the carrier's unique Florida company code.
- \* Box referring to Personal Injury Protection Benefits / Bodily Injury Liability must be checked, according to the coverage provided
- \* The insured should be issued two cards.
- \* If more than twenty-five (25) vehicles are insured under one policy, indicate FLEET COVERAGE in the VEHICLE ID # field and leave YEAR, and MAKE / MODEL fields blank.

### Form Page 1

Section Name	Field Name	Description
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	Florida Company Code	Enter identifier: The identification code assigned to the insurer by the state.
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	Personal Injury Protection Benefits / Property Damage Liability	Check the box (if applicable): Indicates the vehicle has personal injury protection benefits / property damage liability.
INSURANCE IDENTIFICATION CARD	Bodily Injury Liability	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
INSURANCE IDENTIFICATION CARD	Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Address (Optional)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle ID #</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. As used here, if more than twenty-five (25) vehicles are insured under one policy, indicate FLEET COVERAGE in this field.
<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>Florida Company Code</b>	Enter identifier: The identification code assigned to the insurer by the state.
<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>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
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<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle ID #</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. As used here, if more than twenty-five (25) vehicles are insured under one policy, indicate FLEET COVERAGE in this field.

### Form Page 2

Section Name	Field Name	Description
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### Form Page 3

Section Name	Field Name	Description
<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>Florida Company Code</b>	Enter identifier: The identification code assigned to the insurer by the state.
<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>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
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<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle ID #</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. As used here, if more than twenty-five (25) vehicles are insured under one policy, indicate FLEET COVERAGE in this field.
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<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.

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<b>INSURANCE IDENTIFICATION CARD</b>	<b>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
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<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>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle ID #</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. As used here, if more than twenty-five (25) vehicles are insured under one policy, indicate FLEET COVERAGE in this field.
<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>Florida Company Code</b>	Enter identifier: The identification code assigned to the insurer by the state.
<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>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
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<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle ID #</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. As used here, if more than twenty-five (25) vehicles are insured under one policy, indicate FLEET COVERAGE in this field.
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<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>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
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<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>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle ID #</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. As used here, if more than twenty-five (25) vehicles are insured under one policy, indicate FLEET COVERAGE in this field.
<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>Florida Company Code</b>	Enter identifier: The identification code assigned to the insurer by the state.

<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>Personal Injury Protection Benefits / Property Damage Liability</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</b>	Check the box (if applicable): Indicates the vehicle has bodily injury liability coverage.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Named Insured</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)</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</b>	Enter year: The model year of the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle. As used here, if more than twenty-five (25) vehicles are insured under one policy, disregard this field and indicate FLEET COVERAGE in the VEHICLE ID # field below.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle ID #</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. As used here, if more than twenty-five (25) vehicles are insured under one policy, indicate FLEET COVERAGE in this field.

Section Name	Field Name	Description
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