

ACORD 51 NJ (2016/12) - State of New Jersey Insurance Identification Card

ACORD 51 NJ, State of New Jersey Insurance Identification Card, is a permanent insurance identification card. It cannot be used as a temporary evidence of insurance. Use ACORD 50 NJ when a temporary evidence of insurance must be issued.

This card contains a watermark (the word "ACORD"), which is invisible when the form is photocopied. This feature helps to prevent fraudulent reproduction and is required under the new regulation.

IMPORTANT: The watermark cannot be reproduced when ACORD 51 NJ is downloaded from this website. Paper copies of ACORD 51 NJ that include the watermark can be ordered from ACORD Member Services at 800-444-3341, Option 2, or by sending us an e-mail to memberservices@acord.org. As an alternative, plain paper that includes the watermark (ACORD 360 WM - 4 part, perforated and ACORD 370 WM - non perforated) can also be ordered. This watermarked paper can be used in an office printer. 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.

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 51 NJ MUST SUBMIT A SPECIMEN COPY OF THE ID 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	Check box - Commercial	Check the box (if applicable): Indicates the policy is a commercial lines policy.
INSURANCE IDENTIFICATION CARD	Check box - Personal	Check the box (if applicable): Indicates the policy is a personal lines policy.
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)
INSURANCE IDENTIFICATION CARD	Year	Enter year: The model year of the vehicle.
INSURANCE IDENTIFICATION CARD	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
INSURANCE IDENTIFICATION CARD	Model	Enter text: The manufacturer's model name for the vehicle.
INSURANCE IDENTIFICATION CARD	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
INSURANCE IDENTIFICATION CARD	Agency/Company Issuing Card	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	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	Check the box (if applicable): Indicates the policy is a commercial lines policy.
INSURANCE IDENTIFICATION CARD	Check box - Personal	Check the box (if applicable): Indicates the policy is a personal lines policy.
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)
INSURANCE IDENTIFICATION CARD	Year	Enter year: The model year of the vehicle.
INSURANCE IDENTIFICATION CARD	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
INSURANCE IDENTIFICATION CARD	Model	Enter text: The manufacturer's model name for the vehicle.
INSURANCE IDENTIFICATION CARD	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
INSURANCE IDENTIFICATION CARD	Agency/Company Issuing Card	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	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.

Form Page 2

Section Name	Field Name	Description
INSURANCE IDENTIFICATION CARD	Address for Notification	Enter text: The name of the individual, as established by the insurer, to be notified in the event medical treatment is required.
INSURANCE IDENTIFICATION CARD	Address for Notification	Enter text: The address of the insurer's medical treatment contact.
INSURANCE IDENTIFICATION CARD	Address for Notification	Enter text: The city of the insurer's medical treatment contact.
INSURANCE IDENTIFICATION CARD		Enter code: The state or province of the insurer's medical treatment contact.
INSURANCE IDENTIFICATION CARD		Enter code: The postal code of the insurer's medical treatment contact.

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