

## ACORD 53 NV (2016/07) - Nevada Temporary ID Card - Evidence of Operator's Policy of Liability Insurance

ACORD 53 NV, Nevada Temporary Insurance Identification Card – Evidence of Operator’s Policy of Liability Insurance, was created in response to Nevada regulations. An Operator’s Policy directly covers insured driver(s), no matter what motor vehicle the insured drives. Under the Operator’s Policy, the number of motor vehicles that an insured owns must also be greater than the number of persons in a household who are licensed drivers.

- This card constitutes evidence of an OPERATOR’S policy of liability insurance.
- This is a TEMPORARY card. It cannot be used as a permanent ID card. The card expires 60 days after the effective date.
- A statement is added to the front of the card stating "This card constitutes evidence of an operator's policy of liability insurance. The policy is a limited policy of liability insurance. The specific limitations are set forth in the policy or endorsement required by NRS 485.186."
- The back of the form contains an Important Notice, required by regulation, that states that the form is printed on special Watermark paper (The watermark is the word "ACORD".)
- A statement is added to the back of the card stating "This card has been approved by the Nevada Commissioner of Insurance".
- A statement is added to the back of the card stating " Coverage meets requirements set forth in NRS 485.185"
- Font size of data entered into the fields must be 8 point bold font.

This form consists of three pages. Page 1 should be used when you wish to print one entire ID card to a page. Pages 2 and 3 should be used to print one ID card front to back.

**IMPORTANT:** The watermark cannot be reproduced when ACORD 53NV is downloaded from this website. Paper copies of ACORD 53 NV that include the watermark can be ordered from ACORD Member Services at 800-444-3341 or by sending us an e-mail to [memberservices@acord.org](mailto:memberservices@acord.org). As an alternative, plain paper that includes the watermark (ACORD 370 WM) can also be ordered. This watermarked paper can be used in an office printer.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Commercial	Check the box (if applicable): Indicates the policy is a commercial lines policy.
IDENTIFICATION SECTION	Personal	Check the box (if applicable): Indicates the policy is a personal lines policy.
IDENTIFICATION SECTION	Company NAIC Number	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).

<b>IDENTIFICATION SECTION</b>	<b>Company Name and Address</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>IDENTIFICATION SECTION</b>	<b>Address Line 1</b>	Enter text: The first line of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The city of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The state or province code of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The postal code of the insurer's mailing address.
<b>IDENTIFICATION SECTION</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>IDENTIFICATION SECTION</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>IDENTIFICATION SECTION</b>	<b>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>IDENTIFICATION SECTION</b>	<b>Make/Model</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>IDENTIFICATION SECTION</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>IDENTIFICATION SECTION</b>	<b>Vehicle Identification Number</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>IDENTIFICATION SECTION</b>	<b>Agency/Company Issuing Card and Phone Number</b>	Enter text: The full name of the producer / agency.
<b>IDENTIFICATION SECTION</b>	<b>Phone Number</b>	Enter number: The phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Insured Name and Address</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 1</b>	Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 2</b>	Enter text: The named insured's mailing address line two.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The named insured's mailing address city name.
<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The named insured's mailing address state or province code.
<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The named insured's mailing address postal code.
<b>IDENTIFICATION SECTION</b>	<b>___ Days</b>	Enter number: The number of days in which coverage is provided.

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Commercial</b>	Check the box (if applicable): Indicates the policy is a commercial lines policy.
<b>IDENTIFICATION SECTION</b>	<b>Personal</b>	Check the box (if applicable): Indicates the policy is a personal lines policy.
<b>IDENTIFICATION SECTION</b>	<b>Company NAIC Number</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>IDENTIFICATION SECTION</b>	<b>Company Name and Address</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>IDENTIFICATION SECTION</b>	<b>Address Line 1</b>	Enter text: The first line of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The city of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The state or province code of the insurer's mailing address.
<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The postal code of the insurer's mailing address.
<b>IDENTIFICATION SECTION</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>IDENTIFICATION SECTION</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>IDENTIFICATION SECTION</b>	<b>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>IDENTIFICATION SECTION</b>	<b>Make/Model</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>IDENTIFICATION SECTION</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>IDENTIFICATION SECTION</b>	<b>Vehicle Identification Number</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>IDENTIFICATION SECTION</b>	<b>Agency/Company Issuing Card and Phone Number</b>	Enter text: The full name of the producer / agency.
<b>IDENTIFICATION SECTION</b>	<b>Phone Number</b>	Enter number: The phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Insured Name and Address</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 1</b>	Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>	<b>Address Line 2</b>	Enter text: The named insured's mailing address line two.
<b>IDENTIFICATION SECTION</b>	<b>City</b>	Enter text: The named insured's mailing address city name.

<b>IDENTIFICATION SECTION</b>	<b>State</b>	Enter code: The named insured's mailing address state or province code.
<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The named insured's mailing address postal code.
<b>SIGNATURE</b>	<b>___ Days</b>	Enter number: The number of days in which coverage is provided.

**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
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