

## ACORD 23 (2016/03) - Vehicle or Equipment Certificate of Insurance

ACORD 23, Vehicle or Equipment Certificate of Insurance, is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed on the certificate.

The purpose of the certificate is to provide information with respect to physical damage, property, and/or liability insurance coverage to the additional interest(s) of leased or financed vehicles or equipment. Although many companies provide notice of cancellation to certificate holders, they are not obligated to do so unless such requirement is set forth in the policy itself directly or by endorsement to the policy.

Please note the following concerning the use of this Certificate:

1. Vehicle(s) may be defined as motor-vehicles, highway vehicles, non-highway vehicles, on-road vehicles, and/or off-road vehicles.
2. Vehicle(s) may (or may not) be subject to State-Specific Department of Motor Vehicle Regulations, Financial Responsibility Laws and/or Department of Insurance Regulations.
3. Please review your local State Department of Motor Vehicles and/or State Department of Insurance Regulations for specific definitions and requirements.

For all other situations requiring certification of property or liability insurance or evidence of property insurance, use ACORD 24, Certificate of Property Insurance; ACORD 25, Certificate of Liability Insurance; ACORD 27, Evidence of Property Insurance, or ACORD 28, Evidence of Commercial Property Insurance.

The ACORD Certificate should be issued only in compliance with company instructions.

### IMPORTANT

ACORD is required to file certificates, on behalf of form users, in a number of states. Please access the Forms Filing Requirements page on the ACORD website for details. ACORD certificates of insurance contain statements that are reflective of what is generally required by state laws and regulations.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Address 1	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Address 2	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer / agency.

<b>IDENTIFICATION SECTION</b>	<b>Zip</b>	Enter code: The mailing address postal code of the producer / agency.
<b>IDENTIFICATION SECTION</b>	<b>Insured</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Address 1</b>	Enter text: The named insured's mailing address line one.
<b>IDENTIFICATION SECTION</b>	<b>Address 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>Contact Name</b>	Enter text: The name of the individual at the producer's establishment that is the primary contact.
<b>IDENTIFICATION SECTION</b>	<b>Phone (A/C, No, Ext)</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>FAX</b>	Enter number: The fax number of the producer / agency.
<b>IDENTIFICATION SECTION</b>	<b>E-Mail Address</b>	Enter text: The producer's contact person's e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Producer Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>Company A</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>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>Company B</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>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>Company C</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>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>Company D</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>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>Company E</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>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>	<b>Make / Manufacturer</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>	<b>Body Type</b>	Enter code: The body type of the vehicle.
<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>	<b>VIN</b>	Enter identifier: The equipment identification number (VIN) assigned by the manufacturer.
<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>	<b>Description</b>	Enter text: The description of the equipment.
<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>	<b>Vehicle / Equipment Value</b>	Enter amount: The value of the vehicle or equipment.
<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>	<b>Serial Number</b>	Enter identifier: The serial number for the equipment.
<b>IDENTIFICATION SECTION</b>	<b>Certificate Number</b>	Enter identifier: The insurer assigned number for the certificate.
<b>COVERAGES</b>	<b>Revision Number</b>	Enter number: The producer assigned revision number for the certificate.
<b>COVERAGES</b>	<b>Insr Ltr</b>	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the policy.
<b>COVERAGES</b>	<b>Add'l Insr</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the automobile liability policy.
<b>COVERAGES</b>	<b>Vehicle Liability</b>	Check the box (if applicable): Indicates the vehicle has liability coverage.
<b>COVERAGES</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the automobile liability 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>COVERAGES</b>	<b>Policy Effective Date</b>	Enter date: The effective date of the automobile liability policy. The date that the terms and conditions of the policy commence.
<b>COVERAGES</b>	<b>Policy Expiration Date</b>	Enter date: The date on which the terms and conditions of the automobile liability policy will expire.
<b>COVERAGES</b>	<b>Limits Combined Single Limit \$</b>	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>COVERAGES</b>	<b>Bodily Injury (Per Person) \$</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>COVERAGES</b>	<b>Bodily Injury (Per Accident) \$</b>	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>COVERAGES</b>	<b>Property Damage</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>COVERAGES</b>	<b>Insr Ltr</b>	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the general liability policy.
<b>COVERAGES</b>	<b>Add'l Insr'd</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the general liability policy.
<b>COVERAGES</b>	<b>Occurrence</b>	Check the box (if applicable): Indicates the general liability policy, occurrence basis applies.
<b>COVERAGES</b>	<b>Claims Made</b>	Check the box (if applicable): Indicates the "claims made" option applies on the general liability policy.
<b>COVERAGES</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the general liability 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>COVERAGES</b>	<b>Policy Effective Date</b>	Enter date: The effective date of the general liability policy. The date that the terms and conditions of the policy commence.
<b>COVERAGES</b>	<b>Policy Expiration Date</b>	Enter date: The date on which the terms and conditions of the general liability policy will expire.
<b>COVERAGES</b>	<b>Each Occurrence</b>	Enter limit: The general liability, each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>COVERAGES</b>	<b>General Aggregate</b>	Enter limit: The general liability, general aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>COVERAGES</b>	<b>Other Limit Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>COVERAGES</b>	<b>Limit</b>	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

<b>COVERAGES</b>	<b>Insr Ltr</b>	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the vehicle collision loss policy.
<b>COVERAGES</b>	<b>Loss Payee</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as loss payee on the vehicle collision policy.
<b>COVERAGES</b>	<b>Veh Collision Loss</b>	Check the box (if applicable): Indicates the vehicle has collision coverage.
<b>COVERAGES</b>	<b>Other</b>	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
<b>COVERAGES</b>	<b>Other Description</b>	Enter text: The description of the other type of coverage on the vehicle.
<b>COVERAGES</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the vehicle collision loss 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>COVERAGES</b>	<b>Policy Effective Date</b>	Enter date: The effective date of the vehicle collision loss policy. The date that the terms and conditions of the policy commence.
<b>COVERAGES</b>	<b>Policy Expiration Date</b>	Enter date: The date on which the terms and conditions of the automobile liability policy will expire.
<b>COVERAGES</b>	<b>ACV</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the actual cash value or market value.
<b>COVERAGES</b>	<b>Other Limit</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is other than those listed.
<b>COVERAGES</b>	<b>Other Limit Description</b>	Enter text: The valuation method used in determining the value of the vehicle or equipment at the time of loss.
<b>COVERAGES</b>	<b>Agreed Amount</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the agreed amount.
<b>COVERAGES</b>	<b>Stated Amount</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the stated amount.
<b>COVERAGES</b>	<b>Limit Amount</b>	Enter limit: The limit associated with collision coverage.
<b>COVERAGES</b>	<b>Deductible Amount</b>	Enter deductible: The collision deductible amount.
<b>COVERAGES</b>	<b>Insr Ltr</b>	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the vehicle comprehensive policy.
<b>COVERAGES</b>	<b>Loss Payee</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as loss payee on the vehicle comprehensive policy.
<b>COVERAGES</b>	<b>Veh Comp</b>	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage. As used here, indicates the vehicle has comprehensive coverage.
<b>COVERAGES</b>	<b>Other</b>	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.

<b>COVERAGES</b>	<b>Other Description</b>	Enter text: The description of the other type of coverage on the vehicle.
<b>COVERAGES</b>	<b>Veh OTC</b>	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage. As used here, indicates the vehicle has other than collision coverage.
<b>COVERAGES</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the vehicle comprehensive 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>COVERAGES</b>	<b>Policy Effective Date</b>	Enter date: The effective date of the vehicle comprehensive policy. The date that the terms and conditions of the policy commence.
<b>COVERAGES</b>	<b>Policy Expiration Date</b>	Enter date: The date on which the terms and conditions of the vehicle comprehensive policy will expire.
<b>COVERAGES</b>	<b>ACV</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the actual cash value or market value.
<b>COVERAGES</b>	<b>Other Limit</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is other than those listed.
<b>COVERAGES</b>	<b>Other Limit Description</b>	Enter text: The valuation method used in determining the value of the vehicle or equipment at the time of loss.
<b>COVERAGES</b>	<b>Agreed Amount</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the agreed amount.
<b>COVERAGES</b>	<b>Stated Amount</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the stated amount.
<b>COVERAGES</b>	<b>Limit Amount</b>	Enter limit: The limit associated with comprehensive coverage. In Texas this is the comprehensive limit only.
<b>COVERAGES</b>	<b>Deductible Amount</b>	Enter deductible: The comprehensive or other than collision deductible amount.
<b>COVERAGES</b>	<b>Insr Ltr</b>	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the equipment policy.
<b>COVERAGES</b>	<b>Loss Payee</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as loss payee on the equipment policy.
<b>COVERAGES</b>	<b>Basic</b>	Check the box (if applicable): Indicates basic coverage is requested.
<b>COVERAGES</b>	<b>Special</b>	Check the box (if applicable): Indicates special coverage is requested.
<b>COVERAGES</b>	<b>Broad</b>	Check the box (if applicable): Indicates broad coverage is requested.
<b>COVERAGES</b>	<b>Other</b>	Check the box (if applicable): Indicates a coverage other than those listed is applicable to the risk.
<b>COVERAGES</b>	<b>Other Description</b>	Enter text: The description of the coverage.

<b>COVERAGES</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the equipment 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>COVERAGES</b>	<b>Policy Effective Date</b>	Enter date: The effective date of the equipment policy. The date that the terms and conditions of the policy commence.
<b>COVERAGES</b>	<b>Policy Expiration Date</b>	Enter date: The date on which the terms and conditions of the equipment policy will expire.
<b>COVERAGES</b>	<b>ACV</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the actual cash value or market value.
<b>COVERAGES</b>	<b>RC</b>	Check the box (if applicable): Indicates the valuation used in determining the limit of insurance is replacement cost.
<b>COVERAGES</b>	<b>Other Limit</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is other than those listed.
<b>COVERAGES</b>	<b>Other Limit Description</b>	Enter text: The valuation method used in determining the value of the vehicle or equipment at the time of loss.
<b>COVERAGES</b>	<b>Agreed Amount</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the agreed amount.
<b>COVERAGES</b>	<b>Stated Amount</b>	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle or equipment at the time of loss is the stated amount.
<b>COVERAGES</b>	<b>Limit Amount</b>	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect any required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost). As used here, the basis of valuation may also include Agreed Amount or Stated Amount.
<b>COVERAGES</b>	<b>Deductible Amount</b>	Enter deductible: The deductible amount for the described equipment.
<b>COVERAGES</b>	<b>Insr Ltr</b>	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the other policy.
<b>COVERAGES</b>	<b>Loss Payee</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as loss payee on any other policy than those listed.
<b>COVERAGES</b>	<b>Other</b>	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed. As used here, indicates the vehicle or equipment has a type of coverage not specifically listed.
<b>COVERAGES</b>	<b>Other Description</b>	Enter text: The description of the other type of coverage on the vehicle.
<b>COVERAGES</b>	<b>Policy Number</b>	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
<b>COVERAGES</b>	<b>Policy Effective Date</b>	Enter date: The date on which the terms and conditions of the other policy commence.
<b>COVERAGES</b>	<b>Policy Expiration Date</b>	Enter date: The date on which the terms and conditions of the other policy expires.

<b>COVERAGES</b>	<b>Limit Amount</b>	Enter limit: The limit amount of the other coverage.
<b>COVERAGES</b>	<b>Deductible Amount</b>	Enter deductible: The deductible amount of the coverage.
<b>COVERAGES</b>	<b>Remarks</b>	Enter text: The Certificate Of Liability Insurance general remarks. The additional comments or special conditions that may exist upon the policy. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>ADDITIONAL INTEREST</b>	<b>The additional interest(s) described below has been added to the policy(ies) listed herein by policy number(s).</b>	Check the box (if applicable): Indicates the additional interest has been added or named to the policy.
<b>ADDITIONAL INTEREST</b>	<b>A request has been submitted to add the additional interest(s) described below to the policy(ies) listed herein by policy number(s).</b>	Check the box (if applicable): Indicates a request to add the additional insured to the policy.
<b>ADDITIONAL INTEREST</b>	<b>Leased (check box)</b>	Check the box (if applicable): Indicates the vehicle is leased.
<b>ADDITIONAL INTEREST</b>	<b>Financed (check box)</b>	Check the box (if applicable): Indicates the vehicle is financed.
<b>ADDITIONAL INTEREST</b>	<b>Name and Address of Additional Interest</b>	Enter text: The certificate holder's full name.
<b>ADDITIONAL INTEREST</b>	<b>Address 1</b>	Enter text: The certificate holder's mailing address line one.
<b>ADDITIONAL INTEREST</b>	<b>Address 2</b>	Enter text: The certificate holder's mailing address line two.
<b>ADDITIONAL INTEREST</b>	<b>City</b>	Enter text: The certificate holder's mailing address city name.
<b>ADDITIONAL INTEREST</b>	<b>State</b>	Enter code: The certificate holder's mailing address state or province code.
<b>ADDITIONAL INTEREST</b>	<b>Zip</b>	Enter code: The certificate holder's mailing address postal code.
<b>ADDITIONAL INTEREST</b>	<b>Additional Insured</b>	Check the box (if applicable): Indicates the additional interest type is an additional insured.
<b>ADDITIONAL INTEREST</b>	<b>Lender's Loss Payee</b>	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
<b>ADDITIONAL INTEREST</b>	<b>Loss Payee</b>	Check the box (if applicable): Indicates the additional interest type is a loss payee.
<b>ADDITIONAL INTEREST</b>	<b>Other Additional Interest</b>	Check the box (if applicable): Indicates the additional interest is other than those listed.
<b>ADDITIONAL INTEREST</b>	<b>Other Additional Interest Description</b>	Enter text: The description of the other type of additional interest.



<b>ADDITIONAL INTEREST</b>	<b>Loan / Lease Number</b>	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
<b>SIGNATURE</b>	<b>Authorized Representative</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.