

ACORD 50 WV (2014/01) - West Virginia Certificate of Insurance

ACORD 50 WV, West Virginia Insurance Identification Card, is used as proof of automobile insurance. The differences between the ACORD Automobile Insurance Card, ACORD 50 WM, and the West Virginia card are:

- the addition of the license plate number
- the date the form was completed
- the signature of the owner
- the date the owner signed the form
- the claims contact phone number

Form Page 1

| Section Name | Field Name | Description |
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| 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 | Vehicle Owner Enter Plate # One | Enter number: The license plate number. |
| 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 | Company Number One | Enter code: The identification code assigned to the insurer by the NAIC. |
| 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. |
| INSURANCE IDENTIFICATION CARD | Make One | Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). |
| INSURANCE IDENTIFICATION CARD | Model One | Enter text: The manufacturer's model name for the vehicle. |

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| INSURANCE IDENTIFICATION CARD | Vehicle Identification Number One | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. |
| INSURANCE IDENTIFICATION CARD | Named Insured One | 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 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 | Named Owner One | Enter text: The additional interest's full name. |
| INSURANCE IDENTIFICATION CARD | Agency / Company Issuing Card One | Enter text: The full name of the producer / agency. |
| INSURANCE IDENTIFICATION CARD | Date Issued One | Enter date: The date on which the form is completed. (MM/DD/YYYY) |
| INSURANCE IDENTIFICATION CARD | Signature of Owner One | Sign here: Accommodates the signature of the additional interest or authorized representative. As used there, this is the signature of the owner. |
| INSURANCE IDENTIFICATION CARD | Date One | Enter date: The date the form was signed by the additional interest. As used there, this is the date the owner signed the form. |
| INSURANCE IDENTIFICATION CARD | Check box - Commercial Two | Check the box (if applicable): Indicates the policy is a commercial lines policy. |
| INSURANCE IDENTIFICATION CARD | Check box - Personal Two | Check the box (if applicable): Indicates the policy is a personal lines policy. |
| INSURANCE IDENTIFICATION CARD | Vehicle Owner Enter Plate # Two | Enter number: The license plate number. |
| INSURANCE IDENTIFICATION CARD | Company Two | 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 | Company Number Two | Enter code: The identification code assigned to the insurer by the NAIC. |

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| INSURANCE IDENTIFICATION CARD | Policy Number Two | 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 Two | 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 Two | Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) |
| INSURANCE IDENTIFICATION CARD | Year Two | Enter year: The model year of the vehicle. |
| INSURANCE IDENTIFICATION CARD | Make Two | Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). |
| INSURANCE IDENTIFICATION CARD | Model Two | Enter text: The manufacturer's model name for the vehicle. |
| INSURANCE IDENTIFICATION CARD | Vehicle Identification Number Two | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. |
| INSURANCE IDENTIFICATION CARD | Named Insured Two | 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 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 | Named Owner Two | Enter text: The additional interest's full name. |
| INSURANCE IDENTIFICATION CARD | Agency / Company Issuing Card Two | Enter text: The full name of the producer / agency. |
| INSURANCE IDENTIFICATION CARD | Date Issued Two | Enter date: The date on which the form is completed. (MM/DD/YYYY) |
| INSURANCE IDENTIFICATION CARD | Signature of Owner Two | Sign here: Accommodates the signature of the additional interest or authorized representative. As used there, this is the signature of the owner. |

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| INSURANCE IDENTIFICATION CARD | Date Two | Enter date: The date the form was signed by the additional interest. As used there, this is the date the owner signed the form. |
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Form Page 2

| Section Name | Field Name | Description |
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| PHONE NUMBER TO REPORT CLAIM | Phone Number One | Enter number: The toll-free telephone number of the person who may be contacted at the company in order to report a claim. |
| PHONE NUMBER TO REPORT CLAIMS | Phone Number Two | Enter number: The toll-free telephone number of the person who may be contacted at the company in order to report a claim. |