

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 09/04/2009.

Section Name	Field Name	Field and/or Section Description
<p>TITLE ACORD 54 (1/97)</p>	<p>Financial Responsibility Form</p>	<p>The title of the form. ACORD 54, Financial Responsibility Form, is used for certification of liability insurance coverage for the future that is a basic element in all financial responsibility laws. In order to reinstate a driving privilege after a driver license suspension, an insurance company is called upon to certify liability coverage for the future, usually three years, for the affected individual.</p> <p>While the basic certification concept is for the most part rather uniform among the states having financial responsibility laws, there are a number of procedural variations. The Insurance Industry Committee on Motor Vehicle Administration (IICMVA) produces a Financial Responsibility Programs and Procedures Guide that provides details about specific procedures for each state. Information in this Guide relating to financial responsibility was taken from the IICMVA publication in use as of the printing date of this Guide. ACORD Form 54 is the basic form used in most states to certify insurance coverage to the motor vehicle administrator when an insurance company files a certification. It is the same as the American Association of Motor Vehicle Administrators (AAMVA) form SR 22. When an insurance company files a certification, it is "on the risk" until it files a cancellation notice.</p>

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TITLE		<p>ACORD 54 cannot be used in Illinois, Minnesota and Vermont. Special state forms are required. These forms have not been developed by ACORD.</p> <p>The following states have no financial responsibility requirements that utilize forms such as ACORD 54:</p> <ul style="list-style-type: none"> - Kentucky - Maryland - Massachusetts - New Jersey - New Mexico - New York - North Carolina - Pennsylvania - West Virginia
IDENTIFICATION SECTION	Last	Enter text: The named insured's surname.
IDENTIFICATION SECTION	First	Enter text: The named insured's given name.
IDENTIFICATION SECTION	Middle	Enter text: The named insured's other given name initial.
IDENTIFICATION SECTION	Address	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.

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IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Case Number	Enter identifier: The financial responsibility filing case or file number.
IDENTIFICATION SECTION	Driver's License Number	Enter identifier: The driver's license number.
IDENTIFICATION SECTION	Birth Date	Enter date: The birth date of the driver.
IDENTIFICATION SECTION	Social Security Number	Enter identifier: The tax identifier (social security number) of the driver.
IDENTIFICATION SECTION	Current Policy #	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.
IDENTIFICATION SECTION	Effective From	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Certification Effective From	Enter date: The date on which the financial responsibility certification is effective.
IDENTIFICATION SECTION	Owner's Policy	Check the box (if applicable): Indicates the type of filing is owner's (operation of owned vehicles).
IDENTIFICATION SECTION	Model Year	Enter year: The model year of the vehicle.
IDENTIFICATION SECTION	Trade Name	Enter text: The manufacturer's model name for the vehicle.
IDENTIFICATION SECTION	Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
IDENTIFICATION SECTION	Model Year	Enter year: The model year of the vehicle.
IDENTIFICATION SECTION	Trade Name	Enter text: The manufacturer's model name for the vehicle.
IDENTIFICATION SECTION	Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
IDENTIFICATION SECTION	Operator's Policy	Check the box (if applicable): Indicates the type of filing is operator's (operation of non-owned vehicles).
IDENTIFICATION SECTION	State	Enter code: The state or province where the financial responsibility filing is required.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Code # and Name of Insurance Company	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION		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.
SIGNATURE SECTIONS	Date	Enter date: The date the producer signed the form.
SIGNATURE SECTIONS	By	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.). by all companies to issue Certificates. This is required in most states.
INSURANCE COMPANY	Name and Address of Insurance 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 COMPANY		Enter text: The first line of the insurer's mailing address.
INSURANCE COMPANY		Enter text: The second line of the insurer's mailing address.
INSURANCE COMPANY		Enter text: The city of the insurer's mailing address.
INSURANCE COMPANY		Enter code: The state or province of the insurer's mailing address.
INSURANCE COMPANY		Enter code: The postal code of the insurer's mailing address.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).