

## ACORD 50 TX (2018/09) - TEXAS LIABILITY INSURANCE CARD

ACORD 50 TX, Texas Liability Insurance Card, was created in response to the Texas State Board of Insurance Order No. 58994 which became effective September 1, 1991, and subsequent revisions as per changes to the Texas Administrative Code 28 TAC §5.204. The Texas Liability Insurance Card is similar in data content to the generic ACORD Automobile Insurance Card. The differences between the two cards is that Texas requires:

- \* A Spanish translation of the text on the reverse side of the card
- \* A toll free phone number of the insurer for consumer inquiries
- \* A phone number of the Agency
- \* The name and address of each insured or covered person
- \* The Motor Vehicle Safety Responsibility text
- \* A warning statement regarding a Named Driver Policy

Please note:

To properly print this form front to back, the Binding Location must be set to the Short Edge in the Printer Properties.

### Form Page 1

Section Name	Field Name	Description
INSURANCE IDENTIFICATION CARD	Commercial (check box)	Check the box (if applicable): Indicates the policy is a commercial lines policy.
INSURANCE IDENTIFICATION CARD	Personal (check box)	Check the box (if applicable): Indicates the policy is a personal lines policy.
INSURANCE IDENTIFICATION CARD	Named Driver Policy (check box)	Check the box (if applicable): Indicates the policy only covers household residents who are specifically named on the policy.
INSURANCE IDENTIFICATION CARD	Company Telephone Number	Enter number: The primary phone number of the insurer.
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)

<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make/Model</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The manufacturer's model name for the vehicle.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number</b>	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Agency</b>	Enter text: The full name of the producer / agency.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The mailing address line one of the producer / agency.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The mailing address city name of the producer / agency.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The mailing address state or province code of the producer / agency.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The mailing address postal code of the producer / agency.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Agency Phone No.</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>INSURANCE IDENTIFICATION CARD</b>	<b>Name and Address of Each Insured or Covered Person</b>	Enter text: The name of each insured or covered person.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The address line one of each insured or covered person.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The address city of each insured or covered person.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The address state or province code of each insured or covered person.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The address postal code of each named insured or covered person.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Name and Address of each Insured or Covered Person</b>	Enter text: The name of each insured or covered person.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The address line one of each insured or covered person.

<b>INSURANCE IDENTIFICATION CARD</b>		Enter text: The address city of each insured or covered person.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The address state or province code of each insured or covered person.
<b>INSURANCE IDENTIFICATION CARD</b>		Enter code: The address postal code of each named insured or covered person.

**Form Page 2**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Company telephone number</b>	Enter number: The primary phone number of the insurer.