

**Universal wording updates to improve clarity and intent were made to all FIG text for this form on 11/21/2008.**

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 51 CA (2004/07)</b>	<b>CALIFORNIA EVIDENCE OF LIABILITY INSURANCE</b>	The title of the form. ACORD 51 CA, California Evidence of Liability Insurance, is used by insurance companies to prepare evidence of liability insurance for registration renewal purposes. Companies must comply with specifications provided in the California Code of Regulation, Title 13, Division 1, Chapter 1, Article 2.3, Section 82.00.
<b>SIGNATURE</b> <b>INSURANCE IDENTIFICATION CARD</b>	<b>Signature of Insurance Representative</b>	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.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Name</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Vehicle Identification Number</b>	Enter identifier: The vehicle identification number (VIN).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>INSURANCE IDENTIFICATION CARD</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>INSURANCE IDENTIFICATION CARD</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will expire.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Insurance Company Name</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>INSURANCE IDENTIFICATION CARD</b>	<b>Street Address</b>	Enter text: The first line of the insurer's mailing address.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>City</b>	Enter text: The city of the insurer's mailing address.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>State</b>	Enter code: The state or province of the insurer's mailing address.
<b>INSURANCE IDENTIFICATION CARD</b>	<b>Zip Code</b>	Enter code: The postal code of the insurer's mailing address.

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<b>INSURANCE IDENTIFICATION CARD</b>	<b>NAIC Number</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).