

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 09/11/2009.

Section Name	Field Name	Field and/or Section Description
<p>TITLE ACORD 57 (1/97)</p>	<p>Financial Responsibility Form, (Notice of Cancellation or Termination)</p>	<p>The title of the form. ACORD 57, Financial Responsibility Forms (Notice of Cancellation or Termination), is used in many states to notify the motor vehicle administrator that an insurance policy is being canceled or non-renewed, where ACORD 54 has previously been filed to certify insurance coverage. Refer to the specific state information below.</p> <p>This form is the same as the American Association of Motor Vehicle Administrators (AAMVA) Form SR 26.</p> <p>Special Provisions/State Exceptions to ACORD 57:</p> <p>Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Louisiana, Maine, Missouri, Montana, Nebraska, Nevada, Ohio, Wisconsin, Wyoming: Must be filed not less than 10 days prior to date of termination of coverage.</p> <p>California, Vermont: A special state form is required. This form is not printed by ACORD.</p> <p>Connecticut: Must be filed not less than 14 days prior to date of termination of coverage.</p> <p>District of Columbia: Must be filed not less than 30 days prior to termination of coverage.</p> <p>Delaware, Hawaii, Iowa, Michigan, Utah: Same as Alabama, except that the 10 day period starts on the date of receipt by the state DMV.</p>

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TITLE		<p>Georgia: Must be received by the Georgia Department of Public Safety, Revocation and Suspension section, not less than 20 days prior to termination of coverage.</p> <p>Illinois: Must be filed with 15 days advance notice to the Secretary of State, Safety Responsibility Section.</p> <p>Kansas: Must be filed immediately upon cancellation, but not before actual termination of the policy.</p> <p>Kentucky, Maryland, Massachusetts, New Jersey, New Mexico, New York, Pennsylvania, West Virginia: Not applicable.</p> <p>Minnesota: Not applicable. Company notice of termination or cancellation will suffice. Sixty day notice to the Minnesota Department of Public Safety, No Fault Unit, is required prior to termination of coverage.</p> <p>Mississippi: Must be filed not less than 5 days prior to termination of coverage.</p> <p>New Hampshire: Must be received by the NH Department of Safety, DMV, not less than 20 days prior to termination of coverage.</p> <p>North Dakota: Must be received by ND Drivers License & Traffic Safety Division not more than 10 days after termination of coverage.</p>

Section Name	Field Name	Field and/or Section Description
TITLE		<p>Oklahoma, South Dakota: Must be filed within 15 days after the cancellation effective date.</p> <p>Oregon: Must be filed within 30 days prior to termination date, to 10 days after termination.</p> <p>Rhode Island: Must be received by RI DMV not less than 10 days prior to termination of coverage.</p> <p>South Carolina: Must be received by the SC Department of Highways and Public Transportation, Motor Vehicle Division, between 10 and 40 days prior to termination date.</p> <p>Tennessee: Must be received by the TN Department of Safety, DMV, not less than 20 days prior to termination of coverage.</p> <p>Texas: Must be filed with the Texas Department of Public Safety within 5 days of termination of coverage.</p> <p>Virginia: Must be filed with the Virginia DMV not later than 15 days after termination of coverage.</p> <p>Washington: Must be received by the Washington Department of Licensing, Driver Services Division, not less than 10 days prior to termination of coverage.</p>
INSURED	Last Name	Enter text: The named insured's surname.
INSURED	First Name	Enter text: The named insured's given name.
INSURED	Middle Name	Enter text: The named insured's other given name initial.
INSURED	Complete the address of the insured.	Enter text: The named insured's mailing address line one.
INSURED		Enter text: The named insured's mailing address city name.
INSURED		Enter code: The named insured's mailing address state or province code.
INSURED		Enter code: The named insured's mailing address postal code.
INSURED	Case Number	Enter identifier: The financial responsibility filing case or file number.
INSURED	Driver's License Number	Enter identifier: The driver's license number.
INSURED	Birth Date	Enter date: The birth date of the driver.
INSURED	Social Security Number	Enter identifier: The tax identifier (social security number) of the driver.

Section Name	Field Name	Field and/or Section Description
POLICY	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.
POLICY	Effective From	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
POLICY	To	Enter date: The date on which the terms and conditions of the policy will expire.
POLICY	Effective Date of Cancellation or Termination	Enter date: The date the policy status becomes effective. This date is used for policy statuses of bound, change, and cancel.
POLICY	SR 22 (ACORD 54) (checkbox)	Check the box (if applicable): Indicates the financial responsibility certificate previously sent to the motor vehicle administrator was form SR 22 (ACORD 54).
POLICY	SR 23 (checkbox)	Check the box (if applicable): Indicate the financial responsibility certificate previously sent to the motor vehicle administrator was form SR 23.
POLICY	State	Enter code: The state or province where the financial responsibility filing is required.
SIGNATURE	Code # and name of insurance company	Enter code: The identification code assigned to the insurer by the NAIC.
SIGNATURE		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	Date	Enter date: The date the producer signed the form.
SIGNATURE	Signature of Authorized Representative	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	Insurance Company Name	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).