

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 10/07/2008.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 58 (2007/11)	Notice of Cancellation or Termination of a Policy	The title of the form. Use ACORD 58, Notice of Cancellation or Termination of a Policy, whenever it is necessary to notify a state motor vehicle bureau that an insurance policy is being cancelled or terminated, and no specific notice form is required. This form may be used in Delaware to satisfy the requirements of Delaware Insurance Regulation 606, with respect to notifications to be filed with the Delaware Division of Motor Vehicles.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	State	Enter code: The state which has jurisdiction over the policy.
POLICY INFORMATION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. This is not the insurer's group name or trade name.
POLICY INFORMATION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
POLICY INFORMATION	Effective Date	Enter date: The effective date of the policy.
POLICY INFORMATION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
POLICY INFORMATION	Termination Date	Enter date: The effective date of the cancellation or non renewal.
POLICY INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced. If required for self-insurance, the self-insured license or contract number.
POLICY INFORMATION	Name of Agent	Enter text: The producer's full name.
POLICYHOLDER INFORMATION	Policyholder Name and Address	Enter text: The named insured's full name as it appears on the policy declarations page.
POLICYHOLDER INFORMATION		Enter text: The named insured's mailing address line one.
POLICYHOLDER INFORMATION		Enter text: The named insured's mailing address line two.
POLICYHOLDER INFORMATION		Enter text: The named insured's mailing address city name.
POLICYHOLDER INFORMATION		Enter code: The named insured's mailing address state or province code.
POLICYHOLDER INFORMATION		Enter code: The named insured's mailing address postal code.

Section Name	Field Name	Field and/or Section Description
REASON FOR POLICY CANCELLATION OR TERMINATION	Non-Payment of Premium	Check the box (if applicable): Indicates the policy is being cancelled due to non-payment of premium.
REASON FOR POLICY CANCELLATION OR TERMINATION	Policyholder Request	Check the box (if applicable): Indicates the policy is being cancelled due to the insured's request.
REASON FOR POLICY CANCELLATION OR TERMINATION	Underwriting Reasons	Check the box (if applicable): Indicates the policy is being cancelled due to underwriting reasons.
REASON FOR POLICY CANCELLATION OR TERMINATION	Other	Check the box (if applicable): Indicates the policy is being cancelled due to reasons other than those listed.
REASON FOR POLICY CANCELLATION OR TERMINATION	Describe Other	Enter text: The description of why the policy is being cancelled or terminated.
REASON FOR POLICY CANCELLATION OR TERMINATION	Blank Area	Enter text: The remarks associated with the cancellation or non-renewal.
VEHICLE INFORMATION	Year	Enter year: The model year of the vehicle.
VEHICLE INFORMATION	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE INFORMATION	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE INFORMATION	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN).
VEHICLE INFORMATION	Year	Enter year: The model year of the vehicle.
VEHICLE INFORMATION	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE INFORMATION	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE INFORMATION	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN).
VEHICLE INFORMATION	Year	Enter year: The model year of the vehicle.
VEHICLE INFORMATION	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE INFORMATION	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE INFORMATION	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN).
VEHICLE INFORMATION	Year	Enter year: The model year of the vehicle.
VEHICLE INFORMATION	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).

Section Name	Field Name	Field and/or Section Description
VEHICLE INFORMATION	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE INFORMATION	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN).
VEHICLE INFORMATION	Year	Enter year: The model year of the vehicle.
VEHICLE INFORMATION	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE INFORMATION	Model	Enter text: The manufacturer's model name for the vehicle.
VEHICLE INFORMATION	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN).
DEPARTMENT / DIVISION OF MOTOR VEHICLES INFORMATION	DMV Name and Address	Enter text: The name of the department of motor vehicles.
DEPARTMENT / DIVISION OF MOTOR VEHICLES INFORMATION		Enter text: The name of the contact person or department within the department of motor vehicles.
DEPARTMENT / DIVISION OF MOTOR VEHICLES INFORMATION		Enter text: The DMV's mailing address first address line.
DEPARTMENT / DIVISION OF MOTOR VEHICLES INFORMATION		Enter text: The DMV's mailing address second address line.
DEPARTMENT / DIVISION OF MOTOR VEHICLES INFORMATION		Enter text: The DMV's mailing address city name.
DEPARTMENT / DIVISION OF MOTOR VEHICLES INFORMATION		Enter code: The DMV's mailing address state or province.
DEPARTMENT / DIVISION OF MOTOR VEHICLES INFORMATION		Enter code: The DMV's mailing address postal code.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).