

For use with ACORD 360 WM, four part perforated 32 lb. paper

This version of 50 WM SET should only be used in New Jersey. For other states select the generic 50 WM SET.

INSURANCE IDENTIFICATION CARD

(STATE)
COMPANY NUMBER COMPANY ☐ COMMERCIAL ☐ PERSONAL
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
AGENCY/COMPANY ISSUING CARD

INSURED ☐

L

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

(STATE)
COMPANY NUMBER COMPANY ☐ COMMERCIAL ☐ PERSONAL
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
AGENCY/COMPANY ISSUING CARD

INSURED ☐

L

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

(STATE)
COMPANY NUMBER COMPANY ☐ COMMERCIAL ☐ PERSONAL
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
AGENCY/COMPANY ISSUING CARD

INSURED ☐

L

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

(STATE)
COMPANY NUMBER COMPANY ☐ COMMERCIAL ☐ PERSONAL
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
AGENCY/COMPANY ISSUING CARD

INSURED ☐

L

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Address for notification of commencement of medical treatment:

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Address for notification of commencement of medical treatment:

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Address for notification of commencement of medical treatment:

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Address for notification of commencement of medical treatment:

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW