

ACORD 23 Instructions

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 23 (2009/12)	Automobile Certificate of Insurance	<p>The title of the form. ACORD 23, Automobile Certificate of Insurance, is used to provide a coverage statement with respect to physical damage and/or liability insurance coverage to lessors or loss payers of leased vehicles, but only when the insurance policy covering the subject motor vehicle includes an “Additional Insured-Lessor” endorsement or a “loss payee endorsement” that contains a statement that the insurance company will send a notice to the lessor or loss payee in the event of policy termination. For all other situations requiring certification of property or liability insurance or evidence of property insurance, use ACORD 24, Certificate of Property Insurance; ACORD 25, Certificate of Liability Insurance; ACORD 27, Evidence of Personal Property Insurance, or ACORD 28, Evidence of Commercial Property Insurance.</p>

IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
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IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer/agency.
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IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
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IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
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IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
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IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
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IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
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IDENTIFICATION SECTION	Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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IDENTIFICATION SECTION Enter text: The named insured's mailing address line one.

IDENTIFICATION SECTION Enter text: The named insured's mailing address line two.

IDENTIFICATION SECTION Enter text: The named insured's mailing address city name.

IDENTIFICATION SECTION Enter code: The named insured's mailing address state or province code.

IDENTIFICATION SECTION Enter code: The named insured's mailing address postal code.

IDENTIFICATION SECTION Contact Name Enter text: The name of the individual at the producer's establishment that is the primary contact.

IDENTIFICATION SECTION Phone (A/C, No, Ext) Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.

IDENTIFICATION SECTION FAX Enter number: The fax number of the producer/agency.

IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person e-mail address.
IDENTIFICATION SECTION	Producer Customer ID	Enter identifier : The customer's identification number assigned by the producer (e.g. agency or brokerage).
INSURER(S) AFFORDING COVERAGE	Company A	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.
INSURER(S) AFFORDING COVERAGE	NAIC #	Enter code: The identification code assigned to the insurer by the NAIC.
INSURER(S) AFFORDING COVERAGE	Company 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.
INSURER(S) AFFORDING COVERAGE	NAIC #	Enter code: The identification code assigned to the insurer by the NAIC.

INSURER(S)
AFFORDING
COVERAGE

Company C

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.

INSURER(S)
AFFORDING
COVERAGE

NAIC #

Enter code: The identification code assigned to the insurer by the NAIC.

INSURER(S)
AFFORDING
COVERAGE

Company D

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.

INSURER(S)
AFFORDING
COVERAGE

NAIC #

Enter code: The identification code assigned to the insurer by the NAIC.

INSURER(S)
AFFORDING
COVERAGE

Company E

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.

INSURER(S) AFFORDING COVERAGE	NAIC #	Enter code: The identification code assigned to the insurer by the NAIC.
DESCRIPTION OF LEASED AUTO	Year	Enter year: The model year of the vehicle.
DESCRIPTION OF LEASED AUTO	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
DESCRIPTION OF LEASED AUTO	Model	Enter text: The manufacturer's model name for the vehicle.
DESCRIPTION OF LEASED AUTO	Body Type	Enter code: The body type of the vehicle.
DESCRIPTION OF LEASED AUTO	Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
IDENTIFICATION SECTION	Certificate Number	Enter identifier: The insurer assigned number for the certificate.
COVERAGES	Revision Number	Enter number: The producer assigned revision number for the certificate.

COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the “Insurer(s) Affording Coverage” form section, associated with the commercial vehicle policy.
COVERAGES	Add'l Insr	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the certificate holder has been named as an additional insured on the policy.
COVERAGES	Auto Liability	Check the box (if applicable): Indicates the vehicle has liability coverage.
COVERAGES	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.
COVERAGES	Policy Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
COVERAGES	Limits Combined Single Limit \$	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate

		limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Bodily Injury (Per Person) \$	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Bodily Injury (Per Accident) \$	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Property Damage	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial vehicle policy.
COVERAGES	Loss Payee	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as loss payee on the policy.

PHYSICAL DAMAGE	Collision Loss	Check the box (if applicable): Indicates the vehicle has collision coverage.
PHYSICAL DAMAGE	Other	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
PHYSICAL DAMAGE	Other Description	Enter text: The description of the other type of coverage on the vehicle.
COVERAGES	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.
COVERAGES	Policy Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
COVERAGES	ACV	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.

COVERAGES	Other Limit	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is other than those listed.
COVERAGES	Other Limit Description	Enter text: The valuation method used in determining the value of the vehicle at the time of loss.
COVERAGES	Agreed Amount	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.
COVERAGES	Stated Amount	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.
COVERAGES	Limit Amount	Enter limit: The limit associated with collision coverage.
COVERAGES	Deductible Amount	Enter deductible: The collision deductible amount.
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial vehicle policy.

COVERAGES	Loss Payee	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the certificate holder has been named as loss payee on the policy.
COVERAGES	Comprehensive	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage. As used here, indicates the vehicle has comprehensive coverage.
COVERAGES	Other Than Collision	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage. As used here, indicates the vehicle has other than collision coverage.
COVERAGES	Other	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
COVERAGES	Other Description	Enter text: The description of the other type of coverage on the vehicle.
COVERAGES	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.

COVERAGES	Policy Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
COVERAGES	ACV	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.
COVERAGES	Other Limit	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is other than those listed.
COVERAGES	Other Limit Description	Enter text: The valuation method used in determining the value of the vehicle at the time of loss.
COVERAGES	Agreed Amount	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.
COVERAGES	Stated Amount	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.

COVERAGES	Limit Amount	Enter limit: The limit associated with comprehensive coverage. In Texas this is the comprehensive limit only.
COVERAGES	Deductible Amount	Enter deductible: The comprehensive or other than collision deductible amount.
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the “Insurer(s) Affording Coverage” form section, associated with the commercial vehicle policy.
COVERAGES	Loss Payee	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the certificate holder has been named as loss payee on the policy.
COVERAGES	Other	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
COVERAGES	Other Description	Enter text: The description of the other type of coverage on the vehicle.
COVERAGES	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.
COVERAGES	Policy Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
COVERAGES	ACV	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.
COVERAGES	Other Limit	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is other than those listed.
COVERAGES	Other Limit Description	Enter text: The valuation method used in determining the value of the vehicle at the time of loss.
COVERAGES	Agreed Amount	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.

COVERAGES	Stated Amount	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.
COVERAGES	Limit Amount	Enter limit: The limit amount of the other coverage.
COVERAGES	Deductible Amount	Enter deductible: The deductible amount of the coverage.
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the “Insurer(s) Affording Coverage” form section, associated with the commercial vehicle policy.
COVERAGES	Loss Payee	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the certificate holder has been named as loss payee on the policy.
COVERAGES	Other	Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.
COVERAGES	Other Description	Enter text: The description of the other type of coverage on the vehicle.
COVERAGES	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.
COVERAGES	Policy Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
COVERAGES	ACV	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.
COVERAGES	Other Limit	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is other than those listed.
COVERAGES	Other Limit Description	Enter text: The valuation method used in determining the value of the vehicle at the time of loss.
COVERAGES	Agreed Amount	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.

COVERAGES	Stated Amount	Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.
COVERAGES	Limit Amount	Enter limit: The limit amount of the other coverage.
COVERAGES	Deductible Amount	Enter deductible: The deductible amount of the coverage.
COVERAGES	Remarks	Enter text: The Certificate Of Liability Insurance general remarks.
ADDITIONAL INTEREST	The additional interest(s) described below has been added to the policy(ies) listed herein by policy number(s).	Check the box (if applicable): Indicates the additional insured has been added to the policy.
ADDITIONAL INTEREST	A request has been submitted to add the additional interest(s) described below to the policy(ies) listed herein by policy number(s).	Check the box (if applicable): Indicates a request to add the additional insured to the policy.

ADDITIONAL INTEREST	Lender	Check the box (if applicable): Indicates the additional interest type is a lender. As used here, this is a certificate holder.
ADDITIONAL INTEREST	Lessor	Check the box (if applicable): Indicates the additional interest type is a lessor. As used here, this is a certificate holder.
ADDITIONAL INTEREST	Other Additional Interest	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form. As used here, this is a certificate holder.
ADDITIONAL INTEREST	Other Additional Interest Description	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST	Name and Address of Additional Interest	Enter text: The certificate holder's full name.
ADDITIONAL INTEREST		Enter text: The certificate holder's mailing address line one.
ADDITIONAL INTEREST		Enter text: The certificate holder's mailing address line two.

ADDITIONAL INTEREST		Enter text: The certificate holder's mailing address city name.
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ADDITIONAL INTEREST		Enter code: The certificate holder's mailing address state or province code.
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ADDITIONAL INTEREST		Enter code: The certificate holder's mailing address postal code.
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ADDITIONAL INTEREST	Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
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ADDITIONAL INTEREST	Lender's Loss Payee	Check the box (if applicable): Indicates the additional interest type is a lenders loss payable.
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ADDITIONAL INTEREST	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
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ADDITIONAL INTEREST	Other Additional Interest	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
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ADDITIONAL INTEREST	Other Additional Interest Description	Enter text: The description of the type of interest in the item.
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ADDITIONAL INTEREST	Leased Vehicle (check box)	Check the box (if applicable): Indicates the vehicle is leased.
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ADDITIONAL INTEREST	Financed Vehicle (check box)	Check the box (if applicable): Indicates the vehicle is financed.
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ADDITIONAL INTEREST	Loan / Lease Number	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
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ADDITIONAL INTEREST	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.
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Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).
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