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410-337-9755
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HMS Insurance Associates, Inc.
10751 Falls Road, Suite 256
P.O. Box 1427
Brooklandville, Maryland 21022
www.hmsia.com

BUSINESS AUTOMOBILE CHANGE REQUEST FORM

Attn: _____

Named Insured (COMPANY): _____

Requested by: _____

Phone Number: _____

Effective Date: _____ **Add:** _____ **Lease:** _____ **#of Days/Months:** _____

Delete: _____ **Deletion date must match date tags returned to MVA**

Year: _____ **Make:** _____ **Model:** _____

Vehicle ID #: _____

Gross Vehicle Weight (GVW): _____

Garaging Location (County, City, State, Zip): _____

Cost New: _____

Registration State: _____

Title of Ownership (Name of Owner): _____

Additional Insured/Loss Payee Address:

Trade In: _____

Certificate of Insurance: Yes _____ **No** _____

** Please note that no coverage changes will be in effect until you receive confirmation from an HMS representative.*

** Please contact our office if confirmation of this request is not received within 5 days.*