

PHONE:  
410-337-9755  
1-800-356-6563



FAX:  
410-337-0551  
1-800-821-5774

**HMS Insurance Associates, Inc.**  
20 Wight Avenue, Suite 300  
P.O. Box 1750  
Cockeysville, MD 21030  
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.*