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1-800-356-6563



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

EQUIPMENT CHANGE REQUEST FORM

Attn: _____

Named Insured: _____

Requested by: _____

Effective Date: _____

Add: _____ Delete: _____ Lease: _____ # of Days/Months: _____

Year: _____ Make: _____ Model: _____

Serial Number #: _____

Value: _____

Additional Insured/Loss Payee Address:

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.*