



**HMS INSURANCE ASSOCIATES, INC.**  
**20 Wight Avenue, Suite 300**  
**Hunt Valley, MD 21030**  
**Phone No: 410-337-9755 Fax No: 443-632-3479**

**FR19 Insurance Verification Request Form**

Name of Insured: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicle Shown on MVA request form:

\_\_\_\_\_

Vehicle ID#: \_\_\_\_\_

Name of registered owner as it appears on the MVA request from:

\_\_\_\_\_

Insurance Verification Date: \_\_\_\_\_

FR19 Case #: \_\_\_\_\_

*\* You must provide a valid email address so that we can send you written confirmation that your Case # has been closed.*

*\* You may also email the form you received from the MVA to [hmspl@hmsia.com](mailto:hmspl@hmsia.com)*