



**HMS Insurance Associates, Inc.**

**P.O. Box 1427**

**Brooklandville, MD 21022**

**Phone No: 410-337-9755 Fax No: 410-337-0551**

**Personal Auto Change Request**

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

Phone No: \_\_\_\_\_

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

Effective Date of Change: \_\_\_\_\_

Delete: \_\_\_\_\_

Vehicle (Year, Make & Model): \_\_\_\_\_

Have the license plates been returned to the MVA or transferred to another vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

Add: \_\_\_\_\_

Vehicle (Year, Make & Model): \_\_\_\_\_

VIN #: \_\_\_\_\_

Title (Name on Title): \_\_\_\_\_

Principal Operator: \_\_\_\_\_

Use of Vehicle: \_\_\_\_\_

Cost of Vehicle: \_\_\_\_\_

Air Bag(s): \_\_\_\_\_

Anti-lock brakes: \_\_\_\_\_

Anti-theft: \_\_\_\_\_

Daytime Lights: \_\_\_\_\_

Compensation: \_\_\_\_\_

Collision: \_\_\_\_\_

Towing: \_\_\_\_\_

Rental Reimbursement: \_\_\_\_\_

Lien Holder / Leased: \_\_\_\_\_

Additional Insured: \_\_\_\_\_

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*\* 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.*