

Request for Certificate/Evidence of Insurance Coverage

****NOTE: REQUESTS WILL ONLY BE ACCEPTED IN WRITING, VIA FAX OR EMAIL****

**** EXPECT 24 HOUR TURN-AROUND UPON RECEIPT OF REQUEST****

Owner/Borrower Name: _____

Property Address: _____

Mortgagee Clause: _____

Mortgagee Address: _____

City/State/Zip: _____

Contact Phone #: _____

Contact Fax or Email: _____

Mortgagee Loan #: **1st:** _____ **2nd:** _____

Comments: _____

Requests May Also Be Mailed to:

**HMS Insurance Associates, Inc.
PO Box 1750 Cockeysville, MD 21030**

**Attn: Michele Hennessey
Fax: 443-632-3481
Email: mhennessey@hmsia.com**