

Vehicle Deletion Request Form

Insured: _____

Requested by: _____

Today's Date: ___/___/___

► Information- Vehicle 1

Effective Date, when the vehicle is to be deleted: ___/___/___

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (You only need the last 4 digits of the VIN): _____

► Information- Vehicle 2

Effective Date, when the vehicle is to be deleted: ___/___/___

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (You only need the last 4 digits of the VIN): _____

► Information- Vehicle 3

Effective Date, when the vehicle is to be deleted: ___/___/___

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (You only need the last 4 digits of the VIN): _____

► Information- Vehicle 4

Effective Date, when the vehicle is to be deleted: ___/___/___

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (You only need the last 4 digits of the VIN): _____

► Information- Vehicle 5

Effective Date, when the vehicle is to be deleted: ___/___/___

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (You only need the last 4 digits of the VIN): _____

Additional Remarks: _____

Please make sure you have returned the tags for this vehicle before the deletion date of the vehicle. A strict insurance law requiring coverage at all times protects Maryland motorists. If insurance lapses on a vehicle, the Motor Vehicle Administration may assess a penalty fee for the lapse in vehicle liability insurance. Fees can also be assessed if tags are not returned to the MVA before the insurance is canceled, or the tags expire. The penalty is assessed for each uninsured motorist at the rate of \$150 for the first 1 to 30 days, and \$7 for each additional uninsured day.

Fax or email this document to The Jacobs Company, Inc.

Fax # (301) 621-3043 or (410) 381-2105

www.jacobscompany.com