

Maryland MVA Trading Partner Info Sheet

Company Name:		FAX COMPLETED FORM TO: Ms. Marva Salmi Insurance Compliance Division, Room 140 MD Motor Vehicle Administration FAX: 410-424-3102 QUESTIONS: 410-768-7251
NAIC Code:	GROUP NAIC:	
Maryland MVA Code or Self-Insurer Certificate Number:	GROUP NAME:	
Address Line 1:		
Address Line 2:		
City, State, ZIP:		
Main Phone:		

CONTACT TYPE	CONTACT NAME	ADDRESS IF DIFFERENT FROM ABOVE	PHONE NUMBERS	REPORTING METHOD
Commercial Policies			(V) (F)	N/A
Non-Commercial Policies			(V) (F)	N/A
Initial Data Load			(V) (F)	<u>EDI DISKETTE</u> <u>CARTRIDGE</u> (circle one)
Business Transaction Reporting			(V) (F)	<u>EDI DISKETTE</u> <u>CARTRIDGE</u> (circle one)
Issues Related to FR-13 and FR-19 Filings			(V) (F)	N/A
Telephone Verification of Insurance			(V) (F)	N/A

ADDITIONAL INFORMATION (IF APPLICABLE)		
EDI COORDINATOR	EDI SYSTEM INFORMATION	
Name:	Hardware:	EDI VAN Carrier:
		EDI Sender Qualifier:
Address:	O/S:	EDI Sender ID:
		Test EDI Sender ID:
	EDI Application and version:	Data Communication Method
Phone:		(circle one) EMAIL FTP VAN
FAX:	FTP Method:	
Email:	(circle one) HTTPS Firewall VPN VPN Client	