

Auto Ins. Co. Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

Home/Renters Ins. Co Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

Health Ins. Co. Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

Prescription Ins. Co. Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

Life Ins. Co. Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

Dental Ins. Co. Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

# Insurance Information Card

Other Ins. Co. Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

INSURANCE ADMINISTRATION

Maryland



200 St. Paul Place, Suite 2700  
800-492-6116

[www.insurance.maryland.gov](http://www.insurance.maryland.gov)