

Bulletin

Date: September 5, 2012

Bulletin: Maryland Licensed Insurance Companies

From: House Bill 435 and Senate Bill 487, Vehicle Laws-Salvage-Defective, Lost or Destroyed Certificates of Title

The Motor Vehicle Administration (MVA) Business Licensing and Consumer Services Division is currently working on establishing an electronic process for using an Affidavit in Lieu of Title. As a result of House Bill 435 and Senate Bill 487, Vehicle Laws-Salvage-Defective, Lost, or Destroyed Certificates of Title legislation will take effect October 1, 2012. This legislation allows:

- An insurance company, who pays a settlement claim to an individual where the title document is defective, lost or destroyed to use an Affidavit in Lieu of Title for the processing of ownership documents for the resale of the vehicle.

Affidavits can be processed through an Electronic Registration and Titling (ERT) vendor or through the MVA webpage. A fee of \$20.00 for the salvage certificate and an additional fee of \$20.00 for each Affidavit are required.

In order to obtain access to the webpage, you will need to complete the attached Agent User Agreement for each person(s) responsible for your salvage transactions. The information required is your user(s) name, e-mail address, phone number, company name, NAIC number, and company Z soundex(s) used for the issuance of the Salvage Certificate. If you are using multiple soundex's, include all in your request. Please complete and return the agreement to this Administration at BL & CS, 6601 Ritchie Highway, N.E., Room 146, Glen Burnie, Maryland 21062. You may also return it electronically to mvains@mva.maryland.gov.

Once the information is received, the MVA will respond by email with your user name and temporary password for each designee for your company. In addition, a logon procedure will be forwarded to you for your employees. The webpage is expected to be available after September 23, 2012.

Thank you in advance for your cooperation to this request. If you have any questions or need additional information, please contact the MVA at the email address given above.

INSURANCE COMPANY USER AGREEMENT

A. AUTHORIZED USER

I am authorized by _____, a Maryland licensed insurance company operating under National Association of Insurance Companies (NAIC) number _____ as an authorized user of the secured webpage. This webpage was established solely for the purpose of processing an Affidavit in Lieu of Title/Maryland Salvage Certificate.

B. CONFIDENTIALITY OF INFORMATION & COMPUTER SECURITY

I agree to maintain in strictest confidence and not willfully disclose to any person, firm or corporation, information obtained as a result of my duties as an Authorized User. I understand that access to and use of information and computer resources is limited to that required to process an Affidavit in Lieu of Title/Salvage Certificate Transaction. I understand that the Motor Vehicle Administration adheres to State policies for Data Processing Resources Security authorized by the Governor's Executive Order 01.01.1983.18 and Article 27, Section 45A and 146 of the Annotated Code of Maryland.

C. SECURITY PROCEDURES

I understand and agree to abide by the following procedures required by the Insurance Company User Agreement:

1. A terminal will not be left unattended while logged on to the Maryland Motor Vehicle Administration website.
2. A terminal will not be placed so as to allow viewing by individuals who are not Authorized Users.
3. All printed copies of vehicle information will be destroyed when its legitimate use has ended. Until destroyed, all printed material will be stored in a secured manner so that unauthorized personnel will not have access.

D. TERMINATION OF AUTHORIZATION

The authorized user further understands and agrees that authorization terminates when the user ceases to be employed by the insurance company or when the insurance company ceases to be a participant.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(Signature of Authorized User and date)

(Authorized User's E-mail Address)

(Authorized User Printed Name)

(Authorized User's Phone Number)

E. INSURANCE COMPANY RESPONSIBILITY

Failure of the insurance company or its personnel to abide by the policies and statutes may result in the Administration prosecuting or seeking remedies made available to it by statute or regulation. In addition, other Federal and State Laws and Regulations affect the access to and use of computer information such as the U.S. Computer Crime Statute (1984) Computer Security Act of 1987, Privacy Act of 1974, Freedom of Information Act and the Computer Fraud Abuse Act (1986).

AS A REPRESENTATIVE OF THE AFOREMENTIONED INSURANCE COMPANY, I CERTIFY THAT THE ABOVE INDIVIDUAL IS APPROVED BY THIS COMPANY AS AN AUTHORIZED USER OF THIS TRANSACTION. I FURTHER CERTIFY, UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(Insurance Company Representative Signature and Date)

(Insurance Company Representative Printed Name and Title)

(Company Soundex Number)

(Company Soundex Number)

(Company Soundex Number)

*To provide additional soundex numbers, please use the reverse side of this form.