Maryland Business Information:

Business Name:		
Premises Location:		
City:		
State: (Maryland, Virginia	or District of Columbia)	
Zip Code:		
Contact Name:		
Phone #: Ext #:		
Fax: Years in Bus	iness:	
Email: (Required)		
Federal Employer's ID #:		
Explanation of Operations:		
Gross Sales:\$	on donal business.	
Select all that apply to your M	_	
Operate or lease aircraft/w		
Work above 15 feet	Require out of state travel	
Ose Subcontractors	Delivery Service	
Pre-employment physicals	Offer safety incentive programs	
Store, treat, dispose, or tra	Store, treat, dispose, or transport hazardour waste	
Work on vessels, docks, or bridges over water		
Other		

Recent Insurance Information:

Current Insurance Company:		
Policy #: Expiration Date: (mm/dd/yyyy)		
What types of coverages do you currently have:		
☐ Benefit Liability ☐ Business Liability		
☐ Commercial Umbrella ☐ Directors & Officers Liability		
Discrimination Errors & Omissions		
Product Liability Professional Liability		
Other		
Other Insurance Company Used Within Past 3 Years:		
Policy #:		
Losses past 3 years: Select One Amount paid for each loss: \$		
Explanation of losses or loss runs:		
Choose Maryland Business Liability Insurance Limits:		
Select One		
General Aggregate Limit (other than products completed)		
Products/Completed Operations Aggregate Limit		
Umbrella Amount:		
If you've already filled out information on your buildings or facilities		
in another insurance quote form then skip the section below.		
Building 1		
Building Value: \$ Merchandise Value: \$		
Total Building Area: Year Built:		
Construction Type: Select One Sprinklers: Select One		
Electrical Type: Amps:		

Electrical Renovation Year:	
Plumbing Renovation: Select One	Plumbing Renovation Year:
Heating Type: Hea	ting Renovation Year:
Roofing Renovation: Select One	Roof Age (years):
Central Alarm: Select One	
	stance:
To the left: Di	stance:
To the rear: Di	stance:
Additional Information:	

**Information received from this Maryland Business Liability Insurance quote request form sent to Brown Insurance Group, will be for our use only and will not be sold, given to or distributed to any other parties. A quote will be based on the business liaiblity insurance policy information provided and does not guarantee acceptance of the risk by us. The precise coverage afforded is subject to meeting underwriting guidelines, and the terms, conditions and exclusions of the policy as issued. By submitting this request you acknowledge that this is neither an offer to insure nor a guarantee of insurance. Completion of this form does not entitle your business to a Maryland Commercial Liability Insurance Policy. We are licensed in Maryland, Virginia and the District of Columbia, and will not provide quotes for other states.