

Maryland Business Information:

Business Name:

Premises Address:

City:

State: (Maryland, Virginia or District of Columbia)

Zip Code:

Contact Name:

Phone #: Ext #:

Fax: Years in Business:

Email Address: **(Required)**

Federal Employer's ID #:

Description of Operations or SIC code:

Vehicle Information:

Vehicle	Year	Make	Model	Body Type
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One <input type="button" value="v"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One <input type="button" value="v"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One <input type="button" value="v"/>

Additional Vehicle Information:

Vehicle	Miles Driven	Cost New	VIN#	Where Garaged	Lienholder Yes/No	Lienholder Name
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="v"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="v"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="v"/>	<input type="text"/>

Maryland Commercial Auto Insurance Coverage Information:

Vehicle	Liability Combined Limits	Property Damage	Uninsured Combined Limits	Medical
1	Select One ▼	Select One ▼	Select One ▼	Select One ▼
2	SAME	SAME	SAME	SAME
3	SAME	SAME	SAME	SAME

Vehicle	Collision Deductible	Comprehensive Deductible
1	Select One ▼	Select One ▼
2	Select One ▼	Select One ▼
3	Select One ▼	Select One ▼

Maryland Driver Information:

Driver	Drivers Name	Date of Birth	Gender	Drivers License #
1	<input type="text"/>	<input type="text"/>	Select One ▼	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	Select One ▼	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	Select One ▼	<input type="text"/>

Is each employee's driving record accident & violation free during the past 5 years?

Driver

1	Select One ▼	If No, how many accidents? <input type="text"/>	How many violations? <input type="text"/>
2	Select One ▼	If No, how many accidents? <input type="text"/>	How many violations? <input type="text"/>
3	Select One ▼	If No, how many accidents? <input type="text"/>	How many violations? <input type="text"/>

Was any employee's driver's license suspended during the past 5 years?

Driver

1	Select One ▼
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2

3

Recent Insurance Information:

Current Insurance Company:

Expiration Date: (mm/dd/yyyy)

Any losses past 3 years:

Description of losses, including amount paid on each accident:

Additional Information or Comments

Click on the "Submit Quote Information" button below to send your Maryland Commercial Auto Insurance quote request.**

**Information received from this Maryland Commercial Auto 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 commercial auto 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 Auto

Insurance Policy. We are licensed in Maryland, Virginia and the District of Columbia, and will not provide quotes for other states.