

Maryland Business Information:

Business Name:

Premises Address:

City:

State: **(Maryland, Virginia or District of Columbia)**

Zip Code:

Contact Name:

Phone #: Ext #: Years in Business:

Email Address: **(Required)**

Description of Operations or SIC code:

Current Insurance Company:

Policy Expiration Date: (mm/dd/yyyy)

Group Disability Insurance Coverage Information:

Do you currently offer short term disability insurance to employees?

Do you currently offer long term disability insurance to employees?

Length of Group Disability Coverage Needed?

Group Disability Coverage For?

Type of Group Disability Coverage Needed?

How many employees to be insured?

Monthly Benefit Amount For Each Person Insured:

Or Enter a Different Monthly Benefit Amount: \$

Benefit Period Desired For Each Person Insured:
Insured:

Elimination Period Desired For Each Person Insured:

Payment Mode:

Does any employee to be insured have a hazardous job? Yes No

If Yes, how many have hazardous jobs?

Employees to be insured active members of the military reserves? Yes No

If Yes, how many are active members of the military reserves?

Explain any prior MD or VA workers comp or serious health issues below.

Additional Information:

****Information received from this Maryland Group Disability 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 group disability 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 Group Disability Insurance Policy. We are licensed in Maryland, Virginia and the District of Columbia, and will not provide quotes for other states.**