

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: **(Required)**

Explanation of Business Operations:

Policy Expiration Date: (mm/dd/yyyy)

Employee Information:

Do you currently offer health insurance benefits to employees?

Group Health Insurance Coverage For:

How many employees to be insured:

Maryland Group Health Insurance Coverage Desired:

- HMO Group Health Insurance HMO Co-Pay Amount Desired:
- PPO Group Health Insurance PPO Deductible Amount Desired:
- POS Group Health Insurance POS Co-Pay Amount Desired:
- Fee-for-Service Insurance Fee-for-Service Deductible:

Choose Benefit Options:

Group Dental Insurance Coverage:

Group Vision Insurance Coverage:

Group Life Insurance Coverage:

Has any employee to be insured experienced serious health problems during the last 18 months?

Additional Information:

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

