Applicant Information Full Name: Address to be Insured: City: State: (Maryland, Virginia or District of Columbia) Zip Code: E mail: (Required) Work Phone: Ext. Select One How to Contact You: (mm/dd/yyyy) Date of Birth: Select One Do you currently have Homeowners Insurance? Select One Coverage requested for? Usage Type: Select One Select One Years Lived at Address to be Insured: **Maryland Homeowners Insurance Coverages & Limits of Liability:** Dwelling (\$ value): Additional Structures (\$ value): Personal Property (\$ value): Select One Personal Liability (each occurence): Select One Medical Payments (each person): Select One Deductible:

Policy Endorsements:

Replacement Cost, Dwelling: C Yes No				
Replacement Cost, Contents: C Yes No				
Maryland Homeowners Insurance - Dwelling Information:				
Building Structure: Required-Please Select				
Year Dwelling Built: Dwelling Square Feet:				
Primary Heat Type: Select One				
Do you have a Wood Stove? If yes, is it on a separate flue?				
Fireplace: Select One Full Baths: Select One Garage: Select One Garage Size: Select One Select One Select One Full Baths: Select One Garage Size: Select One Select One Select One Full Baths: Select One F				
Wiring Renovation: Select One Wiring Renovation Year:				
Plumbing Renovation: Select One Plumbing Renovation Year:				
Heating Renovation: Select One Heating Renovation Year:				
Roofing Renovation: Select One Roofing Renovation Year:				
Roof Type: Select One Roof Age (years):				
Exterior Paint Renovation: Select One Exterior Paint Renovation Year:				
Dwelling Distance from Fire Department: miles Dwelling Occupied By: Select One				
Swimming Pool: Select One Diving Board: Select One				
Approved Fence: Select One				

Loss History:

Did you have any losses, whether or not paid by insurance, during the last 3 years, at this dwelling location or any other location?

Select One

If the answer to the previous question was "Yes", please explain below.

Date	Туре	Explanation of Loss	Loss Amount
Additional In	formation:		

**Information received from this Maryland Homeowners 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 homeowners 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 you to a Maryland Homeowners Insurance Policy. We are licensed in Maryland, Virginia and the District of Columbia, and will not provide quotes for other states.