

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)**

Description of Operations or SIC code:

Current Insurance Company:

Policy Expiration Date: (mm/dd/yyyy)

Annual Sales: \$ Payroll: \$

Business Income: \$

Recent Insurance Information:

Other Insurance Company Used Within Past 3 Years:

Policy #:

Losses past 3 years: Amount paid for each loss: \$

Description of losses or loss runs:

Coverage Amounts Desired:

Liability Limit Desired: Deductible Desired:

Or choose other liability limit amount: \$

Umbrella Amount Desired:

Maryland Property Information:

Building 1

Building Value: \$ Contents Value: \$

Total Building Area: Year Built:

Construction Type: Sprinklers:

Electrical Type: Amps:

Electrical Renovation Year:

Plumbing Renovation: Plumbing Renovation Year:

Heating Type: Heating Renovation Year:

Roofing Renovation: Roof Age (years):

Central Alarm:

List Neighboring Businesses:

To the right: Distance:

To the left: Distance:

To the rear: Distance:

Additional Information:

**Information received from this Maryland Commercial Property 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 property 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 Property Insurance Policy. We are licensed in Maryland, Virginia and the District of Columbia, and will not provide quotes for other states.