

**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)**

**About Your Maryland Business:**

Federal Employer's ID #:

Description of Operations or SIC code:

# of full-time employees:  # of part-time employees:

# of locations:  Estimated Annual Payroll: \$

Experience Mod (if any, per policy)

**Select all that apply to your Maryland business:**

- Operate or lease aircraft/watercraft
- Work above 15 feet
- Use Subcontractors
- Pre-employment physicals
- Store, treat, dispose, or transport hazardour waste
- Work on vessels, docks, or bridges over water
- Other
- Work Underground
- Require out of state travel
- Delivery Service
- Offer safety incentive programs

**Recent Insurance Information:**

Current Insurance Company:

Policy #:  Expiration Date:  (mm/dd/yyyy)

Losses past 3 years:

Description of losses or loss runs:

What types of coverages do you currently have:

- Commercial Auto
- Commercial Liability
- Commercial Property
- Workers Comp
- Group Health
- Group Life
- Group Disability
- Group Long Term Care
- Other

**Maryland Employee Information:**

| Employee | Classification Code  | Yearly Payroll Estimate |
|----------|----------------------|-------------------------|
| 1        | <input type="text"/> | \$ <input type="text"/> |
| 2        | <input type="text"/> | \$ <input type="text"/> |
| 3        | <input type="text"/> | \$ <input type="text"/> |
| 4        | <input type="text"/> | \$ <input type="text"/> |
| 5        | <input type="text"/> | \$ <input type="text"/> |

**Officers / Partners / Owners Information:**

| <b>Principal</b> | <b>Name</b>          | <b>Title</b>         | <b>Include</b>                          |
|------------------|----------------------|----------------------|---|
| <b>1</b>         | <input type="text"/> | <input type="text"/> | Select <input type="button" value="▼"/> |
| <b>2</b>         | <input type="text"/> | <input type="text"/> | Select <input type="button" value="▼"/> |
| <b>3</b>         | <input type="text"/> | <input type="text"/> | Select <input type="button" value="▼"/> |

**Additional Information:**

\*\*Information received from this Maryland Workers Compensation 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 workers compensation 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 Workers Compensation Insurance Policy. We are licensed in Maryland, Virginia and the District of Columbia, and will not provide quotes for other states.

