BRECKENRIDGE INSURANCE SERVICES

Quick Quote

Multi-Line Professional Quick Quote Indication Form

Please return to partner@breckis.com

Insured Name: _____
Insured Address: _____
SIC Code & Business Description/Operations: _____
Employee Count: F/T_____ P/T_____ Seasonal _____ IC_____
Gross Annual Revenues:_____

EPLI

States where employees are located: _____
Prior Claims? ◯ Yes ◯ No ***(200 employees & higher requires a full application)*

CYBER

Number of records held: under 10,000 10,000-25,000 25,000-50,000 50,000-100,000 more than 100k
Number of Annual Credit Card Transactions: _____
Prior Claims? ◯ Yes ◯ No

CRIME

Prior Claims? ◯ Yes ◯ No

FIDUCIARY

Type of Retirement Account(s): _____
Prior Claims? ◯ Yes ◯ No

NON PROFIT D&O (not including condo/HOA/POA)

- **Copy of 990's (only if they are not available to us on Guidestar.org)**

Prior Claims? ◯ Yes ◯ No

KIDNAP & RANSOM

# of Travel Trips and how many individuals: _____ **Avg Length of Trips:** _____
Location(s) of travel: _____
Assets: _____

FOR PROFIT DIRECTORS & OFFICERS

Most Recent YE Assets: _____ **Most Recent YE Liabilities:** _____
# of Directors & Officers: _____

If there are prior claims, we will require a full submission to include: application, loss runs and loss details prior to indicating. Quick Quotes are not available for financial institution accounts. Some Classes are restricted from quick quotes and require a full submission.

Breckenridge INSURANCE GROUP