

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.