



Broker Resources Insurance Services, LLC
Program Umbrella, Buffer & Excess Application

First Named Insured [input field]

Requested Policy Period [input field] To [input field]

Overview - Please indicate:
1) Target Pricing and Limit
2) Umbrella/XS Structure [input field]

Is this New or Controlled business? New Controlled

Submission Materials
Please include the following:
1) Captive Resources Submission Spreadsheet
2) Loss runs going back 5 years for years insured was not in Captive
3) Underlying General Liability and Auto Liability Premiums

Please indicate which markets have been approached (if any) [input field]

Unusual Terms & Conditions [input field]

Producer/Broker Contacts [input field]

Quote Need by Date [input field]

Cyber Coverage Please indicate if interested in Cyber Coverage. If there is interest, please provide insured's revenue and estimated number of records (i.e. number of customers). With those items an indication can be obtained. Yes No

(optional) Insured's Revenue [input field]

(optional) Insured's Record Count [input field]

Please email application to:
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