

## MARKETING CO-OP PROGRAM THROUGH QUICK INSURED BROKERAGE

Agent Names: Date:

	Client Name	Carrier/Company	Effective Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

## **Completed information should be emailed to:**

Adminsupport@quickinsuredbrokerage.com

www.quickinsuredbrokerage.com

All brokers must be directly contracted with Quick Insured brokerage and business written under a QIB contract. All qualifying applications must have an effective date within the calendar year quarter (2/1-3/31, 4/1-6/30, 7/1-9/30, 10/1-12/31) and premium paid and issued within 15 days following the end of the quarter. All qualifying applications must be active at the end of the qualifying period. The above information must be completed and turned in to Quick Insured Brokerage with-in 30 days of the end of the quarter in order to qualify. Quick Insured Brokerage reserves the right to modify and/or terminate this program at any time. Agents must be in good standing at the time of the lead drop.