

Producer Questionnaire

Please type and attach additional sheets if necessary.



[Return to: marketing@asperains.com](mailto:marketing@asperains.com)

Producer Information

Name of Firm: _____

Physical Address: _____

City _____ State _____ Zip _____

Mailing Address: (IF DIFFERENT) _____

City _____ State _____ Zip _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Website: _____ Email: _____

Tax Payer ID Number: _____ ☐ Corporation ☐ Partnership ☐ Individual ☐ Firm

Written Premium Volume: \$ _____ % Commercial _____ % Personal

Other Markets Used:

Market			
Types (GL, Property, etc.)			
Written Premium Volume			

Principals & Staff

Principals/Officers/Brokers: (List in order of percentage of ownership)

Name	Title/Position	Year Started Insurance	Year Started Producer	% of Ownership

How many producers are in your agency? _____ When was your agency established? _____

Agency Accounting Contact & Email: _____

Operations

1. Your Agency's coverage area: (include all the apply)


- | | | |
|----------------------------------|--------------------------------------|----------------------------------|
| <input type="radio"/> Alabama | <input type="radio"/> Maine | <input type="radio"/> Virginia |
| <input type="radio"/> California | <input type="radio"/> Michigan | <input type="radio"/> Washington |
| <input type="radio"/> Colorado | <input type="radio"/> Mississippi | |
| <input type="radio"/> Delaware | <input type="radio"/> North Carolina | |
| <input type="radio"/> Florida | <input type="radio"/> Oregon | |
| <input type="radio"/> Georgia | <input type="radio"/> South Carolina | |
| <input type="radio"/> Louisiana | <input type="radio"/> Texas | |

2. Types of business you want to market through Aspera:

- | | | |
|--|--|--|
| <input type="radio"/> Allied Health | <input type="radio"/> Health Care | <input type="radio"/> Professional Liability |
| <input type="radio"/> Aviation | <input type="radio"/> Life Sciences | <input type="radio"/> Public Entity |
| <input type="radio"/> Cannabis | <input type="radio"/> Management Liability | <input type="radio"/> Recreation & Leisure |
| <input type="radio"/> Construction | <input type="radio"/> Manufactured Housing | |
| <input type="radio"/> Energy | <input type="radio"/> Products Liability | |
| <input type="radio"/> Environmental | | |
| <input type="radio"/> Excess Liability | | |

How did you hear about us?

- | | | | |
|--|--------------------------------|-------------------------------------|------------------------------------|
| <input type="radio"/> Colleague/Friend | <input type="radio"/> Email | <input type="radio"/> Google Search | <input type="radio"/> Twitter |
| <input type="radio"/> Convention | <input type="radio"/> Facebook | <input type="radio"/> LinkedIn | <input type="radio"/> Other: _____ |

 The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Signature/Title of Applicant _____ Date _____

INCLUDE COPIES OF: E&O Declarations Page, Insurance License(s), and W9. [Return to: marketing@asperains.com](mailto:marketing@asperains.com)