

Producer Questionnaire

Please type and attach additional sheets if necessary.



Return to: 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)

- Alabama
- Arizona
- California
- Colorado
- Delaware
- Florida
- Georgia
- Louisiana
- Maine
- Michigan
- Mississippi
- Nevada
- North Carolina
- Oregon
- South Carolina
- Texas
- Virginia
- Washington

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

- Allied Health
- Aviation
- Cannabis
- Construction
- Energy
- Environmental
- Excess Liability
- Health Care
- Life Sciences
- Management Liability
- Manufactured Housing
- Products Liability
- Professional Liability
- Public Entity
- Recreation & Leisure

How did you hear about us?

- Colleague/Friend
- Convention
- Email
- Facebook
- Google Search
- LinkedIn
- Twitter
- 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 _____