

# Producer Questionnaire

Please type and attach additional sheets if necessary.



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

## Producer Information

Name: \_\_\_\_\_ Business name: \_\_\_\_\_  
(as shown on income tax return) (if different)

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  
 \_\_\_\_\_ % E&S \_\_\_\_\_ % Admitted

Other Markets Used:

Market			
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	National Producer Number (NPN)*

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)*

- All 50 states
- AK  DE  KS  MO  NM  SC  WI  
 AL  FL  KY  MS  NV  SD  WV  
 AR  GA  LA  MT  NY  TN  WY  
 AZ  HI  MA  NC  OH  TX  
 CA  IA  MD  ND  OK  UT  
 CN  ID  ME  NE  OR  VA  
 CO  IL  MI  NH  PA  VT  
 DC  IN  MN  NJ  RI  WA

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

- Manufactured Housing
- Site Built Homes

### How did you hear about us?

- Colleague/Friend
- Email
- Facebook
- LinkedIn
- Other: \_\_\_\_\_
- Convention
- Phone Call
- Google Search
- Twitter

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 \_\_\_\_\_

\*Agency appointments require copy of agency's W9, proof of E&O coverage, and agency and producer National Producer Numbers.

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