Producer Questionnaire

Please type and attach additional sheets if necessary.

Aspera INSURANCE SERVICES

Return to: brokerageops@asperains.com

Producer Information

Name: _____ (as shown on income tax return)

Business name: _____ (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 ◯ AZ ◯ CO ◯ FL ◯ IA ◯ IN ◯ LA ◯ ME ◯ MO ◯ NC ◯ NH ◯ NV ◯ OK ◯ RI ◯ TN ◯ VA ◯ WI

◯ AL ◯ CA ◯ DC ◯ GA ◯ ID ◯ KS ◯ MA ◯ MI ◯ MS ◯ ND ◯ NJ ◯ NY ◯ OR ◯ SC ◯ TX ◯ VT ◯ WV

◯ AR ◯ CN ◯ DE ◯ HI ◯ IL ◯ KY ◯ MD ◯ MN ◯ MT ◯ NE ◯ NM ◯ OH ◯ PA ◯ SD ◯ UT ◯ WA ◯ WY

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

◯ Homeowners
◯ Commercial Property
◯ General Casualty (Construction, Excess Casualty, Restaurants, Retail)
◯ Habitational (General & Excess Liability only)
◯ Healthcare & Social Services
◯ Medical malpractice
◯ Products Liability
◯ Professional Liability (non-medical)
◯ Specialty (Energy, Firearms, Pollution Liability)
◯ Transportation (Aviation, Excess Auto, Garage Liability, Inland Marine, Ocean Cargo)
◯ Agribusiness

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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