

# 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:

- Coastal Manufactured Housing
- Site Built Homes

### How did you hear about us?

- Colleague/Friend
- Email
- Google Search
- Twitter
- Convention
- Facebook
- LinkedIn
- 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 \_\_\_\_\_

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

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