

AGENT APPOINTMENT APPLICATION

Agency Name:	Years in Business:					
Agency DBA (if applicable):						
Agency Mailing Address:						
Agency Physical Address:						
Additional Location Address (
Additional Location Address (2						
		Website:				
Agency Contact Email:		Hours of Operation:				
Agency Staff Name:	Role:	Role: Agency TDI License #:_				
How did you hear about Aspen MGA? Check a Aspen Representative: Comparative Rater: Industry Website:		☐ Facebook ☐ Instagram ☐ Industry Event:		Aspen Email		
What Comparative Rater/№ ☐ ITC Turbo Rater ☐ Quoma		_	_			
Is your agency present on a						
Facebook:						
LinkedIn:		_ [_] instagram:_				
What is the agency's main source						



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Total Annual Production fo	r All Lines: \$	Auto:	%	Residential:	% Comme	rcial: %
Please list the agencies curi	ent top five auto insu	urance carriers:				
1)	2)			3)		
4)	5)					
Please list the agencies curi	ent top five homeow	ner carriers:				
1)	2)			3)		
4)	5)					
Been refused or had a Sure Been arrested, charged, incompany? If yes, please list	ety Bond canceled for dicted or convicted of me (business or persefused, denied, suspendence regulatory bod claim? on moratorium by are any staff member cu	cause? fa felony or misdem onal)? If yes, list nanended, or revoked? ly? nother carrier or MG	eanor? ne(s) bel		Yes	No No No No No No No No
Filed bankruptcy, been sue Had a prior appointment w	, ,				Yes Yes	☐ No ☐ No
As the Agency Principal, I h	ereby declare the info	ormation provided i	n this do	ocument to be true	and correct.	
Agency Principal Signature:				Date:		
Please Print Name:						

Please click the submit button and attach the completed form to the email for review.

SUBMIT