



## ASCOT INSURANCE U.S. PRODUCER ON-BOARDING FORM

Form as of: December 1, 2018

### SECTION I. CONTACT INFORMATION

|  |  |                      |          |
|--|--|----------------------|----------|
| Company Name   |  | Main Contact - Name  |          |
| Website Address  |  | Main Contact – Phone |          |
| Tax Id #   |  | Main Contact – Email |          |
| **Please list all offices (or sub-offices, branches etc.) on <b>Page # 2 –Office Listing Addendum.</b> |  |                      |          |
| Home Office Street Address   |  | City                 |          |
| Floor/Suite #  |  | State                | Zip Code |

### SECTION II. BUSINESS INFORMATION

|   |  |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
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| Number of years in business: _____<br>Are you:<br><input type="checkbox"/> Independently Owned or <input type="checkbox"/> Owned by another Company<br><input type="checkbox"/> Publicly Traded<br>Please describe ownership Model in the notes section on page 3.  | Lines of business you service:   |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
| Are you – Check all that apply:<br><input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> MGA/MGU<br><input type="checkbox"/> Other (Please Specify): _____<br>If Retailer, will you handle Surplus Lines Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No | Select all the states you are licensed in, or check All: <input type="checkbox"/> All<br><table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> AL</td><td><input type="checkbox"/> CT</td><td><input type="checkbox"/> IL</td><td><input type="checkbox"/> ME</td><td><input type="checkbox"/> MO</td><td><input type="checkbox"/> NM</td><td><input type="checkbox"/> OR</td><td><input type="checkbox"/> TX</td><td><input type="checkbox"/> WI</td> </tr> <tr> <td><input type="checkbox"/> AK</td><td><input type="checkbox"/> DE</td><td><input type="checkbox"/> IN</td><td><input type="checkbox"/> MD</td><td><input type="checkbox"/> MT</td><td><input type="checkbox"/> NY</td><td><input type="checkbox"/> PA</td><td><input type="checkbox"/> UT</td><td><input type="checkbox"/> WY</td> </tr> <tr> <td><input type="checkbox"/> AZ</td><td><input type="checkbox"/> FL</td><td><input type="checkbox"/> IA</td><td><input type="checkbox"/> MA</td><td><input type="checkbox"/> NE</td><td><input type="checkbox"/> NC</td><td><input type="checkbox"/> RI</td><td><input type="checkbox"/> VT</td><td></td> </tr> <tr> <td><input type="checkbox"/> AR</td><td><input type="checkbox"/> GA</td><td><input type="checkbox"/> KS</td><td><input type="checkbox"/> MI</td><td><input type="checkbox"/> NV</td><td><input type="checkbox"/> ND</td><td><input type="checkbox"/> SC</td><td><input type="checkbox"/> VA</td><td></td> </tr> <tr> <td><input type="checkbox"/> CA</td><td><input type="checkbox"/> HI</td><td><input type="checkbox"/> KY</td><td><input type="checkbox"/> MN</td><td><input type="checkbox"/> NH</td><td><input type="checkbox"/> OH</td><td><input type="checkbox"/> SD</td><td><input type="checkbox"/> WA</td><td></td> </tr> <tr> <td><input type="checkbox"/> CO</td><td><input type="checkbox"/> ID</td><td><input type="checkbox"/> LA</td><td><input type="checkbox"/> MS</td><td><input type="checkbox"/> NJ</td><td><input type="checkbox"/> OK</td><td><input type="checkbox"/> TN</td><td><input type="checkbox"/> WV</td><td></td> </tr> </table> | <input type="checkbox"/> AL | <input type="checkbox"/> CT | <input type="checkbox"/> IL | <input type="checkbox"/> ME | <input type="checkbox"/> MO | <input type="checkbox"/> NM | <input type="checkbox"/> OR | <input type="checkbox"/> TX | <input type="checkbox"/> WI | <input type="checkbox"/> AK | <input type="checkbox"/> DE | <input type="checkbox"/> IN | <input type="checkbox"/> MD | <input type="checkbox"/> MT | <input type="checkbox"/> NY | <input type="checkbox"/> PA | <input type="checkbox"/> UT | <input type="checkbox"/> WY | <input type="checkbox"/> AZ | <input type="checkbox"/> FL | <input type="checkbox"/> IA | <input type="checkbox"/> MA | <input type="checkbox"/> NE | <input type="checkbox"/> NC | <input type="checkbox"/> RI | <input type="checkbox"/> VT |  | <input type="checkbox"/> AR | <input type="checkbox"/> GA | <input type="checkbox"/> KS | <input type="checkbox"/> MI | <input type="checkbox"/> NV | <input type="checkbox"/> ND | <input type="checkbox"/> SC | <input type="checkbox"/> VA |  | <input type="checkbox"/> CA | <input type="checkbox"/> HI | <input type="checkbox"/> KY | <input type="checkbox"/> MN | <input type="checkbox"/> NH | <input type="checkbox"/> OH | <input type="checkbox"/> SD | <input type="checkbox"/> WA |  | <input type="checkbox"/> CO | <input type="checkbox"/> ID | <input type="checkbox"/> LA | <input type="checkbox"/> MS | <input type="checkbox"/> NJ | <input type="checkbox"/> OK | <input type="checkbox"/> TN | <input type="checkbox"/> WV |  |
| <input type="checkbox"/> AL   | <input type="checkbox"/> CT  | <input type="checkbox"/> IL | <input type="checkbox"/> ME | <input type="checkbox"/> MO | <input type="checkbox"/> NM | <input type="checkbox"/> OR | <input type="checkbox"/> TX | <input type="checkbox"/> WI |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
| <input type="checkbox"/> AK   | <input type="checkbox"/> DE  | <input type="checkbox"/> IN | <input type="checkbox"/> MD | <input type="checkbox"/> MT | <input type="checkbox"/> NY | <input type="checkbox"/> PA | <input type="checkbox"/> UT | <input type="checkbox"/> WY |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
| <input type="checkbox"/> AZ   | <input type="checkbox"/> FL  | <input type="checkbox"/> IA | <input type="checkbox"/> MA | <input type="checkbox"/> NE | <input type="checkbox"/> NC | <input type="checkbox"/> RI | <input type="checkbox"/> VT |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
| <input type="checkbox"/> AR   | <input type="checkbox"/> GA  | <input type="checkbox"/> KS | <input type="checkbox"/> MI | <input type="checkbox"/> NV | <input type="checkbox"/> ND | <input type="checkbox"/> SC | <input type="checkbox"/> VA |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
| <input type="checkbox"/> CA   | <input type="checkbox"/> HI  | <input type="checkbox"/> KY | <input type="checkbox"/> MN | <input type="checkbox"/> NH | <input type="checkbox"/> OH | <input type="checkbox"/> SD | <input type="checkbox"/> WA |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
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| Has an entity license in any state ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
| Has any owner of the entity ever been convicted of fraud or another felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Percentage (%) of your business that is: Domestic (US): _____ %<br>International: _____ %  |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |
| Are Operating Accounts and Fiduciary Accounts separate? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |                             |                             |                             |                             |                             |                             |                             |                             |  |

### SECTION III. DOCUMENTS TO COMPLETE AND RETURN ALONG WITH THIS FORM

|  |   |
|--|---|
| <input type="checkbox"/> Copy of State Licenses  | <input type="checkbox"/> Signed Ascot Insurance US Producer Agreement |
| <input type="checkbox"/> Certificate (proof) or Dec Page of E&O and Fidelity Insurance | <input type="checkbox"/> Completed copy of W9                         |

### SECTION IV. AGREEMENT & SIGNATURE

- There are several forms or documents that must be completed and submitted along with this form.
- I hereby certify all information provided is correct, and that I have the authority to provide this information and execute this document.

Signature: \_\_\_\_\_ Printed Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION V. PLEASE RETURN TO:

Please email this form and all additional Documents (refer to Section III) to: **USProducer@Ascotgroup.com**



**ADDENDUM** **OFFICE LISTING**

| #  | Office Name | Address | City | State | Zip Code |
|----|-------------|---------|------|-------|----------|
| 1  |             |         |      |       |          |
| 2  |             |         |      |       |          |
| 3  |             |         |      |       |          |
| 4  |             |         |      |       |          |
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| 27 |             |         |      |       |          |
| 28 |             |         |      |       |          |
| 29 |             |         |      |       |          |
| 30 |             |         |      |       |          |



## NOTES/QUESTIONS

Please describe your ownership model:

Do you have any Niche Programs or Industry Practices/Verticals?

What areas of specialization or expertise does your agency actively market?

Where do you feel Ascot will have the most opportunity for growth with your agency/brokerage?