



AMERICAN SPECIALTY AGENTS PROGRAMS

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INSURANCE BROKERS & AGENTS – ADDENDUM 1

1. Name of Applicant: _____

2. Please indicate the percentage of business placed as: Retail Agent/Broker _____% Surplus Lines Broker _____%
Wholesaler _____% MGA _____% OTHER _____% (please specify)

3. Is the Applicant involved in any of the following Activities? If Yes, please show percentage of total revenue received from each:

ACTIVITIES			%	ACTIVITIES			%
Real Estate	Yes	No		Premium Financing	Yes	No	
Mutual Funds	Yes	No		Claims Adjusting	Yes	No	
Variable Annuities	Yes	No		Loss Prevention Engineering	Yes	No	
Viatical Settlements	Yes	No		Third Party Administrator	Yes	No	
Financial Planning Services	Yes	No		Law Practice	Yes	No	
Insurance Consulting	Yes	No		Other (please specify)	Yes	No	

4. What is the annual percentage breakdown by Line of Business of the Applicant's Annual Premium Volume?

COMMERCIAL LINES		%	PERSONAL LINES		%
Auto			Auto-Standard		
BOP/CGL/Package			Auto – Non Standard & Assigned Risk		
Umbrellas/Excess			Homeowners & Standard Fire		
Property Coverage			Personal Floaters		
Workers Compensation			Flood		
Flood			Other		
Bonds					
Professional Liability			LIFE INSURANCE		%
Directors & Officers Liability			Individual		
Crop Coverage			Group		
Long Haul Trucking			Annuities – Fixed		
Wet Marine					
Medical Malpractice			ACCIDENT & HEALTH		%
Livestock Mortality			Group – Carrier Insured		
Other (Describe)			Group – Self Insured		
			HMO/PPO/DSP		
			Individual		
TOTAL OF ALL LINES SHOULD EQUAL 100%					

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MISSTATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

NAME OF FIRM: _____

BY: _____
Owner, Partner or Officer (Must be signed)

DATE: _____

TITLE: _____