



Agency Services, Inc.

PRODUCER VERIFICATION FORM

PO Box 8959
Elkridge, MD 21075-8959

Phone: 800-339-9192
Fax: 800-553-1778
Team Leader: Vangie Vizaniarias

ASI CODE

Please complete the information below and sign. Fax or mail to Team Leader Vangie Vizaniarias.

Agency Name

Mailing Address: Street

City State Zip

Physical Address: Street

City State Zip

Agency Phone Agency Fax

Email Address

Principal(s) Name

Please check the states in which you do business: DC DE MD VA

Are you appointed with Maryland Automobile Insurance Fund? NO YES, MAIF Producer Code:

Please list the Insurance Companies and Lines of Business that you would like to premium finance with ASI:

Insurance Company Line of Business

Insurance Company Line of Business

Insurance Company Line of Business

Insurance Company Line of Business

Who referred you to ASI? Please tell us so we may thank them!

AUTHORIZATION AND RELEASE

To Whom It May Concern,
On behalf of the above named agency I hereby authorize and request insurance companies, their agents and financial institutions to directly furnish Agency Services, Inc. ("ASI") with any information it requests concerning the above relationship with such entities. A photocopy of this authorization is to be accepted with the same authority as the original. This letter of authorization will remain in force unless and until cancelled in writing.

Signed Date

Print Name Title