



# Old Missouri Mutual Insurance Company

902 W. Mt Vernon  
PO Box 367  
Nixa, MO 65714

Ph: 417.725.3811  
Fax: 417.725.4547  
www.oldmomutual.com

## Contract Request

**Agency Name:** \_\_\_\_\_ **Federal I.D.#:** \_\_\_\_\_  
**Agency Owners:** \_\_\_\_\_ **S.S.#s:** \_\_\_\_\_  
**Agency Mailing Address** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Population:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_  
**Business Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**E&O Carrier:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

<u>Agency Personnel (Name):</u>	<u>Title</u>	<u>Years with Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Describe any E&O claims occurring in the last five years:** \_\_\_\_\_

**Any companies terminated contract with Agency? Date? Reason?** \_\_\_\_\_

**Have you ever declared Bankruptcy? Date: Explain:** \_\_\_\_\_

<u>Agency Experience:</u>	<u>Year</u>	<u>Written</u>	<u>Loss Ratio:</u>	<u>Previous</u>
<u>2 Largest Companies</u>	<u>Appointed</u>	<u>Premium</u>	<u>Current Year</u>	<u>Year</u>
_____	_____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	_____ %	_____ %

### Farm Mutual Representation

_____	_____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	_____ %	_____ %

### Agency Total Representations

**Expected Direct Volume to be placed with  
Missouri Mutual two years**

*I certify that the facts and representations set forth in the above Application are true and complete to the best of my knowledge. In addition I will advise the Company if any of the facts or representations change. I understand that this is only a request for a contract with Old Missouri Mutual and not binding that a contract will be issued.*

**Signature or applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This application must be accompanied by copies of applicants and producing agents current insurance license and current E&O Declarations.**

**Please return this form to: Old Missouri Mutual P O Box 367, Nixa Mo 65714**

**Phone: (417) 725-3811 Fax: (417) 725-4547**