



Old Missouri Mutual Insurance Company

P.O. Box 48
118 SW Hwy 60
Billings, Mo 65610

Office: 888-561-5145
Office: 417-725-3811
Fax: 417-725-4547
www.oldmissourimutual.com

Contract Request

Agency Name: _____ Federal ID #: _____
Agency Owners: _____ S.S. Numbers: _____
Agency Mailing Address: _____
Agency Location (If different from mailing): _____
Population: _____
Business Phone Number: _____ Fax: _____
Email: _____
E&O Carrier: _____ Policy #: _____ Eff. Date: _____

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

Describe any E&O claims within the past five years: _____

Have any companies terminated contract with agency? _____ If yes, provide date & reason: _____

Have you ever declared bankruptcy? _____ If yes, provide date & explanation: _____

Agency Experience:

2 Largest Companies	Year Appointed	Written Premium	Loss Ratio Current Year	Previous Year
_____	_____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	_____ %	_____ %

Farm Mutual Representation:

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

Agency Total Representations: \$ _____

Expected direct volume to be placed with Old Missouri Mutual next 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 Old Missouri Mutual 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 of 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 by mail or fax:

Old Missouri Mutual
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118 SW HWY 60
Billings, MO 65610

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