

AGENT APPLICATION TO GRINNELL MUTUAL REINSURANCE COMPANY

Mutual Name Woodland

Mutual Number 05011

The following must be done to process application:

- Fill out application completely.
- A copy of applicant's insurance license must accompany application.
- Provide a copy of the E&O Dec.
- If General Agent or Subagent, include the Tax Payer ID #.
- The secretary-manager of the affiliated Farm Mutual must sign application.

Applicant's Name _____
(FIRST) (MIDDLE INITIAL) (LAST)

Home Address _____
(COMPLETE ADDRESS)

Social Security # _____ Agency's Tax Payer ID # _____ Date of Birth _____

Is applicant presently licensed with the State Insurance Department? Yes No License number _____

What lines of insurance is applicant qualified for? _____

Will applicant be a General Agent, Subagent or Writing Personnel? _____

If applicant is to be Subagent or Writing Personnel, under which agent number will applicant write? _____

Applying for: Farm Mutual Lines GMRC Lines All Lines

Agency Name, if any _____

Agency Business Address: _____
(STREET ADDRESS AND P.O. BOX) CITY STATE ZIP

Agent's Business Address (If different than agency, i.e. branch office): _____ County of Agency: _____

Agent's business: () _____ () _____
PHONE NUMBER AGENT'S CELL NUMBER
() _____
FAX NUMBER

Agent Manuals and reference materials are available online. Hard copy available only upon request.

Agency's Website _____ Agency's E-Mail Address _____

Agent's E-Mail Address (If different than Agency's) _____

Have you ever been convicted of a crime? Yes No If yes, please explain on reverse side.

Have you ever been convicted of a felony involving dishonesty or a breach of trust? Yes No
If yes, please explain on reverse side.

(Persons convicted of a criminal felony involving dishonesty, breach of trust or a violation of any other provisions of the Violent Crime Control and Law Enforcement Act of 1994 are prohibited from engaging in the business of insurance in interstate commerce unless they obtain a written consent of the state insurance regulatory official.)

I certify that the facts and representations set forth in the above Agent Application are true and complete to the best of my knowledge. In addition I will advise the Company if any of the facts change or representations become incorrect.

NOTICE – IN COMPLIANCE WITH PUBLIC LAW 91-508

Grinnell Mutual Reinsurance Company is hereby authorized to make any investigation of my personal history including criminal background, motor vehicle records, financial and credit records through any investigative, credit agencies or bureaus of its choice. This will include information as to my character, general reputation, personal characteristics and mode of living. Upon my written request as provided under Title 15, Sec. 1681, a complete and accurate disclosure of the nature and scope of the investigation will be provided.

Signature of Applicant _____ Date _____

To be completed by Secretary/Manager of Appointing Mutual:

I hereby certify _____ became an active agent on _____
for the above named Farm Mutual and recommend applicant be appointed an agent for the Grinnell Mutual Reinsurance Company.

Dated _____ Mutual Secretary/Manager

I hereby certify that _____ is not an active agent for _____
mutual but am willing to allow Grinnell Mutual to license direct.