

**AGENT APPLICATION TO GRINNELL MUTUAL REINSURANCE COMPANY
AND/OR GRINNELL SELECT INSURANCE COMPANY**

Mutual Name _____ Mutual Number _____

The following must be done to process application:

- | | |
|--|---|
| <input type="checkbox"/> Fill out application completely. | <input type="checkbox"/> Provide a copy of the E&O Dec. |
| <input type="checkbox"/> A copy of applicant's insurance license must accompany application. | <input type="checkbox"/> Agency's Tax Payer ID #. |
| | <input type="checkbox"/> The secretary-manager of the affiliated Farm Mutual must sign application. |

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

Home Address _____
(COMPLETE ADDRESS)

Social Security #: _____ Date of Birth: _____

Agent License #: _____ Agency Tax Payer ID #: _____

Applying for: Farm Mutual Lines GMRC Lines GSIC Lines

Agency Name _____

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

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. _____

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

(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.