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# Contract Application

**Agency Name:** \_\_\_\_\_  
 Legal/Official Agency Name (as it appears on E&O Policy Declarations Page)

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_ **Population:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E&O Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Agency Principal Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

<u>Agency Personnel</u>			
Name	Title	Years with Agency	

**Describe any E&O claims occurring within the last 5 years:** \_\_\_\_\_

Agency Experience  
 3 Largest Companies (include any Farm Mutual Represented)

Name	Year Appointed	Written Premium	Loss Ratio	
			Current Year	Previous Year

**Agency Total Volume:** \_\_\_\_\_ **Expected Direct Volume to be placed with Billings Mutual two years from contract date:** \_\_\_\_\_

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

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Application must be accompanied by copies of producing agents insurance licenses and current E&O Declarations.*

Red Fields Required\*