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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:** _____

Agency Personnel

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.