

INDIVIDUAL AGENT APPLICATION

REQUIRED ATTACHMENTS: Copy of Agent's insurance license

Copy of Agency's E&O dec page

AGENCY NAME:		AGENCY TAX ID NUMBER (EIN):
AGENT NAME (First, Middle Initial, Last):		
FICTITIOUS NAME CURRENTLY USED BY APPOINTEE (if any):		AGENT DATE OF BIRTH:
AGENT HOME ADDRESS (Street, City, ST, ZIP):		AGENT INSURANCE LICENSE NUMBER:
AGENT EMAIL:		AGENT PHONE:
AGENT'S BUSINESS ADDRESS: <i>(If different than main location of agency, i.e. branch office or remote employee address)</i>		AGENT MOBILE:
Street Address <u>and</u> PO Box, City, ST, ZIP		AGENT FAX:
County of Location		
APPLYING FOR (Mark all that apply):	POSITION IN AGENCY:	REQUEST TRAINING FROM GRINNELL MUTUAL SALES MANAGER:
<input type="checkbox"/> Reinsured Mutual Member Lines <input type="checkbox"/> Grinnell Mutual Commercial Lines <input type="checkbox"/> Grinnell Mutual Personal Lines <input type="checkbox"/> Grinnell Select Personal Lines	<input type="checkbox"/> Producer/Agent <input type="checkbox"/> Customer Service Representative/CSA <input type="checkbox"/> Administrative/Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE – REQUEST IS IN COMPLIANCE WITH THE FCRA AND ALL APPLICABLE STATE & FEDERAL LAWS

Grinnell Mutual Reinsurance Company and subsidiaries are 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.

(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.)

EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME? Yes No
 If yes, please explain date of conviction, jurisdiction, and nature of crime:

EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY INVOLVING DISHONESTY OR BREACH OF TRUST? Yes No
 If yes, please explain date of conviction, jurisdiction, and nature of felony:

I certify that the facts and representations set forth in the above individual agent application are true and complete to the best of my knowledge. In addition, I will advise Grinnell Mutual if any of the facts change or representations become incorrect.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

TO BE COMPLETED BY APPOINTING GRINNELL MUTUAL MEMBER ONLY:

MUTUAL MEMBER NAME:	MUTUAL MEMBER NUMBER:
SIGNATURE OF MUTUAL MEMBER:	APPOINT TO:
	<input type="checkbox"/> Mutual Member only <input type="checkbox"/> Both <input type="checkbox"/> Grinnell Mutual only