

**GERMAN-AMERICAN FARM MUTUAL  
AGENT APPOINTMENT APPLICATION**

Agency Name: \_\_\_\_\_

Mailing Address of Agency: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email of Agent: \_\_\_\_\_

Agent DOB: \_\_\_\_\_ Agent License #: \_\_\_\_\_

Agent phone #: \_\_\_\_\_

Mailing Address of Agent: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**ATTACH A COPY OF YOUR E&O THAT YOU ARE COVERED UNDER AS WELL AS A  
COPY OF YOUR AGENTS LICENSE.**