



## ***APPLICATION FOR AGENCY APPOINTMENT***

**OREGON MUTUAL INSURANCE COMPANY  
WESTERN PROTECTORS INSURANCE COMPANY**

410 NE Baker Street, PO Box 808, McMinnville, OR 97128  
503-472-2141 • FAX 503-565-3846  
800-888-2141 • [www.ormutual.com](http://www.ormutual.com)

<input type="checkbox"/> <b>New Appointment Application</b> <input type="checkbox"/> <b>Profile Update</b>					
Agency Name		Phone Number	Toll Free Phone Number		
DBA (if different from above)			Fax Number		
Primary E-mail		<input type="checkbox"/> Check box if you wish to have your email address published on our Agent Locator.			
Street Address	City	State	Zip	County	
Mailing Address (if different)	City	State	Zip	County	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Agent's License Number (attach copy)			
IRS Number	Premium Trust Account Number		Non-Resident License(s) (attach copy)		
Errors and Omissions Insurance Carrier & Policy Number (attach copy of current declarations page)					
Bank Name	Street Address	City	State	Zip	County
<b>Agency Principals &amp; Owners</b>		<b>Social Security Number</b>	<b>License Number(s)</b>	<b>% Owned</b>	<b>Years Experience</b>
<b>Agency Volume (Property and Casualty)</b>		<b>Last Year's Written Premium (All Companies)</b>		<b>Anticipated Volume Next 12 Months (Oregon Mutual)</b>	
Personal Auto		\$		\$	
Other Personal (DF/HO/Mobile Home)					
Commercial Auto					
Businessowners					
Commercial Package					
Farm Business					
Other					
<b>Total Agency</b>		<b>\$</b>		<b>\$</b>	
<b>Total Agency Volume (All Companies)</b>					
<b>Property and Casualty</b>		<b>Premium</b>		<b>Number of Personnel</b>	
Last Year		\$			
This Year (projected)					
Next Year (projected)					

Company Appointments				
Principal Property-Casualty Direct Appointments and Specialty Markets (new applicants attach Company Premium/Loss Statements)	Years Represented	Last Year's Written Premium	Earned Loss Ratio	
			Last Year	3 Years
		\$	%	%
All Others (estimate if necessary)				
Total Number of Companies:	<b>Total</b>	\$	%	%
Companies withdrawn from your Agency in the past 3 years	Reasons (new applicants attach Company Premium/Loss Statements)			
Miscellaneous				
How will Oregon Mutual meet the needs of your agency? (be specific)				
Agency Automation				
What Computer Operating System are you using? (Select all that apply)				
<input type="checkbox"/> Windows 2000 <input type="checkbox"/> Windows XP Home <input type="checkbox"/> Windows XP Professional				
What Network Operating System are you using?				
<input type="checkbox"/> Windows 2000 Server <input type="checkbox"/> Windows 2003 Server <input type="checkbox"/> Other:				
Does your agency currently use a comparative rating service?				
<input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>yes</b> , who is the vendor?				
What agency management system are you currently using?				
What Companies are providing you Personal Lines Download?				
What Companies are providing you with Commercial Lines Download?				
Are you currently uploading?				
<input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>yes</b> , how are you uploading? (Select all that apply)				
<input type="checkbox"/> Proprietary non-web based upload <input type="checkbox"/> Proprietary web based upload				
<input type="checkbox"/> Feed/Bridge from Agency Management System <input type="checkbox"/> Feed/Bridge from comparative rater				
Agency website address: http://			<input type="checkbox"/> Check box if you wish to have the website address published on our Agent Locator.	
IVANS Information				
Account Number:		User ID:		Machine ID:



## Authorization To Release Information

Public Law 91-508 requires that we advise you that a routine independent investigation of your background may be made.

I (we) the undersigned individual(s) hereby authorize the Company and/or its agents to make an independent investigation of my (our) background, references, character, past employment education, credit, criminal or police records (including those maintained by both public and private organizations), and all public records for the purpose of confirming information contained on my application, and/or obtaining other information which may be material to my qualifications for this application.

I (we) release the Company and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

### Applicant #1

_____	_____	_____
Date of Birth <b>*Required*</b>	Social Security Number	Other Names Used/Maiden Name
_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date Signed

### Applicant #2

_____	_____	_____
Date of Birth <b>*Required*</b>	Social Security Number	Other Names Used/Maiden Name
_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date Signed

### Applicant #3

_____	_____	_____
Date of Birth <b>*Required*</b>	Social Security Number	Other Names Used/Maiden Name
_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date Signed

**Appointment Requested for:**     **Oregon Mutual**     **Western Protectors**

#### Commercial Lines Comments:

Commercial Lines Business Unit Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

#### Personal Lines Comments:

Personal Lines Business Unit Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

#### Marketing Comments:

Marketing Manager Approval \_\_\_\_\_ Date \_\_\_\_\_