

First Mid Bank & Trust Agency Finance Application Instructions

The **Application** is a PDF fillable form, so please complete electronically if possible, using Adobe Reader.

1. Complete the Application including the commission summary page and acquisition questionnaire, if applicable
2. Each owner over 25% will be required to provide a personal guaranty, so please check the appropriate guarantor boxes in the owner section given ownership percentages
3. Each owner needs to sign page 3
4. **If there will be a non-owner guarantor (i.e. spouse, parent, business associate etc.),** please have all parties complete and sign the last page entitled Equal Credit Opportunity (Reg B) Notice of Intent to Apply for Joint Credit.
5. Print the Application
6. Scan the signed form and submit it to your salesperson via email, fax (317-578-8361), or upload to the following link <https://spaces.hightail.com/uplink/fmagencyfinance>

BUSINESS CREDIT APPLICATION - ALLSTATE QUICK APP

In this application, "you" and "your" mean each person signing this application. "Company" is your business identified in this application. "We", "us", and "our" mean First Mid Bank & Trust Agency Finance, with its main office in Indianapolis, Indiana. "Accounts" means the business term loan and deposit account which we open for Company in response to this application. This application MUST be completed in full to process your request. Please print each page. Initial and/or sign where indicated.

General Information											
Legal Name of Company:						Tax ID Number:					
Physical Address:						Company Phone:					
City State Zip:						Company Fax:					
County:						Number of years in business:					
State of Incorporation:						Number of years with Current Owners:					
Business Checking Bank:				Average Balance:		Number of Employees:					
Type of Organization:		C Corporation S Corporation Ltd. Partnership Other		Ltd. Liability Company Sole Proprietorship Gen. Partnership		Description of Business (Products and Services) or NAICS Code:					
Credit Terms Requested											
Loan Type (Term / LOC)		Term (Months)		\$ Requested		Loan Purpose					
Revenue											
Total Annual Revenue, including Bonus						Annual Bonus					
Business Debt Schedule											
Debt Payable to	Interest Rate	Original Date	Original Amount	Current Balance	Purpose	Maturity Date	Monthly Payment	Secured By	Loan Past Due?	Is Loan to be paid off with New Loan?	
Has the Company ever declared Bankruptcy?										Yes	No
Are there any outstanding tax obligations including payroll or sales tax of the Company or any guarantors?										Yes	No
Do you have any tax liens or contested taxes?										Yes	No
Is the Company or guarantor party to a Federal or State Tax Settlement or payment agreement requiring a periodic payment?										Yes	No
Are there any outstanding lawsuits? Is there currently or has there been in the last 5 years any threatened, pending or settled legal action or litigation against the agency(ies) or any of the borrowers, owners, or guarantors?										Yes	No
Have you been party to any Department of Insurance investigations, inquiries, or ever received a cease & desist order?										Yes	No
Are all of your individual and business insurance licenses currently in force?										Yes	No
Are proceeds of this loan to be used for an acquisition? If yes, please see additional information needed in notes section.										Yes	No
Have you completed an agency or book acquisition in the last 3 years? If yes, please complete the acquisition questionnaire.										Yes	No
How many licensed staff do you employ?					How many unlicensed staff do you employ?						
Do you have employment agreements in place for licensed staff?										Yes	No
Do you collect premiums from any of your policyholders?										Yes	No
Does the Company provide payday or title loans?										Yes	No
Does the Company engage in internet gambling activity?										Yes	No
Is the Company involved in marijuana related business activity?										Yes	No
Provide explanation to any "yes" responses above as an attachment to the credit application.										Yes	No
Are you fully vested in your TPP?										Yes	No
Do you currently receive or will you be receiving Enhanced Commission Payments?										Yes	No
What is your agent status with Allstate?				Pro				Elite		Emerging	
Allstate Field Sales Rep name:						Allstate Field Sales Rep phone number:					

Owners & Guarantors									
First Name	MI	Last Name	Suffix (Jr/Sr)	Street Address, City, State, Zip	Date of Birth	SSN / if non US, identification number	Cell Phone	Percent Owner	Guarantor?

Employment and Education History			
Owner 1: Work Experience (Include 5 years of employment)			
Employer Name	Address	Position / Title	Dates of Employment
Owner 1 Education:			
	School Name	Year Attended	Degree
High School			
College			
Other			
Owner 2: Work Experience (Include 5 years of employment)			
Employer Name	Address	Position / Title	Dates of Employment
Owner 2 Education:			
	School Name	Year Attended	Degree
High School			
College			
Other			

For more than two owners, please attach a separate sheet with employment and education history.

Have any of the owners or guarantors ever been indicted or convicted of a misdemeanor or felony?	Yes	No
Have any of the owners or guarantors ever declared Bankruptcy?	Yes	No
Do any of the owners or guarantors have tax liens or contested taxes?	Yes	No
Are any of the owners or guarantors a senior foreign political figure?	Yes	No
Are any of the owners or guarantors a citizen of a foreign country? If yes, of what foreign country is the owner(s) or guarantor(s) a citizen?	Yes	No
Are any of the owners or guarantors involved in marijuana related business activity?	Yes	No
Are any of the owners and guarantors engaged in internet gambling activity?	Yes	No
Provide explanation to any "yes" responses as an attachment to the credit application.		

If the Organization Type is anything other than a sole proprietorship, please complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as an executive officer (CEO, CFO, COO, Managing Member, General Partner, President, etc.)

Beneficial Ownership				
Full Name	Title	Street Address, City, State, Zip	Date of Birth	SSN / if non US, other identification number

ADDITIONAL REQUIRED INFORMATION

The following information must accompany the business credit application:

- (a) Company's current and most recent calendar year-end TPP, Commission Payment Notification, and Business Metrics reports
- (c) Company's Agency contract with Allstate and commission rate schedules

This application is subject to the approval of and any credit will be extended by First Mid Bank & Trust, Illinois.

AGREEMENTS AND REPRESENTATIONS

1. You and Company represent to us that all information provided on this application, or otherwise in connection with the Accounts is true and correct, is not misleading, and does not contain any material omissions.
2. Company agrees to all of the terms and conditions applicable to the Accounts.
3. You authorize us to obtain consumer credit reports on each of you from consumer reporting agencies in considering this application, and in connection with any extension of credit to Company or review or collection of any of the Accounts. If your credit references or credit history may be verified under any other name(s), please indicate next to your signatures. We may obtain business reports on Company.
4. You and Company authorize us to release information on the Accounts to consumer and business reporting agencies and others who we believe have a legitimate need for the information.
5. You represent to us that each of you is authorized to sign this application on behalf of Company, that each of you have the title indicated on this application, and that no other person(s) is/are required to sign this application in order to bind the Company or to make any of the representations, agreements, or other information in this application accurate, effective and legally binding.
6. You agree that all responsible closing costs associated with any Account, including but not limited, all reasonable out of pocket expenses including UCC filing fees and reasonable attorney fees associated with Account will be paid by you out of closing proceeds.

All owners and other principal representatives must sign this application. Your signature below is: (i) your Company's application through you as its authorized signor for the credit products indicated, (ii) your agreement to the terms and your representation that the questions in the application have been answered fully and truthfully, (iii) you and your Company's agreement as applicable to the Agreement and Representations section above, and (iv) you and your Company's understanding that First Mid Bank & Trust has no obligation to extend credit unless First Mid Bank & Trust approves this application.

Owner 1:	Date:
Owner 2:	Date:
Owner 3:	Date:
Owner 4:	Date:



Equal Credit Opportunity (Regulation B)

This form needs to be completed if there will be a non-owner guarantor (i.e. spouse, parent, business associate, etc.).

Notice of Intent to Apply for Joint Credit

Borrower Legal Name: _____
Please Print Name

Guarantors:

Please Print Name

Please Print Name

Please Print Name

Please Print Name

Please Print Name

Please Print Name

Notice: We intend to apply for joint credit.

Acknowledgment: By signing below, we acknowledge our intent to apply for joint credit.

Guarantor Signature

Co-Guarantor Signature

Co-Guarantor Signature

Co-Guarantor Signature

Co-Guarantor Signature

Co-Guarantor Signature

Date: