

Confidential Application for Board Directors Three-Year Board Term

We are honored that you are interested in serving as a Board Director for Lincoln County Farmers Mutual Insurance Company.

With a mission dedicated to serving our policyholders, we seek a broad-based Board that includes both employed and retired professionals. Applicants must have an active policy with Lincoln County Farmers Mutual Insurance Company at the time of applying and throughout the duration of serving as a Board Member. Directors guide the Company's policy direction to ensure that we accomplish our mission.

Thank you for considering Board of Director involvement and for the personal time and energy that you will be putting into this important aspect of building a stronger Board and thus a stronger Company.

Board of Directors Candidate Application

Date:		Active Policy#(s):		
Name:				
	(First)	(MI)	(Last)	
Address:				
	(Street)	(City)	(State)	(Zip)
Phone#(s):			Email Address:	
Employmer	nt:			
	(Employer Name)	(Loca	tion)	(Phone#)
Type of Bus	iness:			
Title/Position	on Held:			

Organization	Role/Title	Dates of Service
Background: Please provide a brie any professional training.	of overview of your educ	ation, employment background and
 Interest in Serving: Please describe professional skills, training, or expe our Board. 		ur Board and include any relevant ich you think might be an addition to
3. <u>Conclusion:</u> To the extent not cove skills, energy, and time availability the Lincoln County Farmers Mutual	that you think would he	lp you make a positive contribution to
Applicants Signature: Completed applications must be received b		

Please list boards and committees that you serve on. Or have served on (business, civic, community,

fraternal, political, professional, recreational, religious, social).

Annual Meeting when election is held. You must be present to be elected. The Annual Meeting is held

on the third Saturday of March of each calendar year. Contact office for location of meeting.