



**Farmers Mutual Hail**  
Insurance Company of Iowa

# CO-OP REIMBURSEMENT FORM

Save time and money. Online submission now available at:

**MARKETING.FMH.COM**

**Co-op reimbursement is available for crop hail and property & casualty only advertisements.** To receive co-op reimbursement for the following items, a paid invoice must be submitted PLUS:

- **Billboards** – image/photo of the billboard and location
- **County Directory** – copy of advertisement and the year it ran
- **Newspaper/Magazine** – full tearsheet for each date the advertisement ran
- **Producer meeting expenses** – can be covered at 100% if they meet qualifications. Please refer to the Producer Meeting Reimbursement form for details
- **Radio** – notarized copy of dialogue and the date(s) it aired
- **Stand-Up Banners** – photo of the banner
- **Tradeshow Booths** – photos of the booth showing that the products and services of FMH (brochures, counter signs, and posters) were promoted
- **TV Commercial** – audio and visual documentation
- **Web Banner** – screen shot and web address

## What items are NOT eligible for Co-op Reimbursement?

Pieces referencing multi-peril crop insurance, online store purchases, door prizes, golf fees, personalized postcards, postage, mailing/handling fees, and livestock.

Please Note: Any non-FMH created radio or newspaper advertisement or any other marketing media must be pre-approved by the Sales Department. Prior to publication, email documentation to deb@fmh.com for approval. The advertisement must include the FMH Cloud logo or name to be considered for reimbursement. FMH reserves the right to make final determination of qualification.

For complete information on the Co-op Advertising program, visit marketing.fmh.com. For questions, please contact Marketing at 800-247-5248.

### Agency Information

Primary Agency Code: \_\_\_\_\_

Type of Agency:  Crop Hail Only  Property & Casualty Only  Both

Total Amount Being Submitted for Reimbursement: \_\_\_\_\_

*Please include all additional code numbers associated with the agency.*

Agency Code Number(s): \_\_\_\_\_

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

Agency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If mailing, submit form with paid invoice(s) and proof of advertisement to:  
Farmers Mutual Hail, Attn: Marketing, 6785 Westown Parkway, West Des Moines, IA 50266.