CO-OP ADVERTISING REIMBURSEMENT FORM



Date:	Mutual or agency number:			
Company name: Phone number:				
Address (P.O. Box): City, State, Zip:				
Email Address:				
Submitted By:				
Billboards/Arena Si	gnage : Submit proof of advertising and a copy of invoice with form.			Amount
	(Description)			
Website	Your web address:			
Submit a copy of invoice with form.				Amount
	(Description)			
Print: Submit clipped-out copy of ad(s) and a copy of invoice with form. #Ad			# Ads	Amount
	(Newspap er Name)			
	(Newspap er Name)			
HUMBOLDT MUTU	AL STAFF USE ONLY: Print ad(s) comply with co-op requirements.		Initials:	Date:
Radio: Submit affida	avit(s), radio station script and copy of invoice with form.		# Spots	Amount
	(Station Name)			_
	(Station Name)		-	
Specialty Merchand	lise: Imprinted items through Humboldt Mutual vendor			
Item and imprint m	nust be pre-approved to qualify. Send copy of invoice and item or pho	oto.		Amount
	(Item)			
TV/movie theater a	ds: email a video copy of the commercial and invoice with form.		# Spots	Amount
	(Description)			_
Social media/Intern	net ads: Submit proof of ad(s) and copy of invoice with form.		# Ads	Amount
	(Description)			_

Submissions must be received at Humboldt Mutual <u>no later than Dec. 20.</u>

Return completed form and documentation by Dec. 20 by email or mail to:

Humboldt Mutual Insurance Association 513 Sumner Ave, Humboldt, IA 50548

Email: jennabeebe@outlook.com or bob@humboldtinsurance.com

PLEASE NOTE: To qualify for co-op reimbursement, all ads and specialties must include the current Humboldt Mutual's logo. **No exceptions!**

See Co-op Guidelines for rules and regulations. **Please scan and email all documents in one file.**