

## Leads/Marketing 50/50 Co-Op Order

I \_\_\_\_\_, wish to participate in the Empower Brokerage leads/marketing co-op program and agree to adhere to the requirements outlined below.

### Program Details:

\*All leads are exclusive to the agent ordering, unless the agent fails to process the leads generated.

Choose from the following type and focus:

**TYPE:**

**BRC Mailers** -Cost to agent: \$230 per 1,000 mailers. Actual cost is \$460 Empower Brokerage will cover half of the cost. This cost includes the direct mailer and reply card printing, the target prospect list, postage and distribution and reply cards. Leads are received by Empower, for tracking, and forwarded to the agent via email.)

**FOCUS:**                      **Senior Product Focus**                      **Individual Medical Focus**

**\*\*\*COMPLETE THE ATTACHED LEAD MAXIMIZER CRITERIA FORM\*\*\***

**Telemarketing Generated-** Cost to agent: Individual Medical Focus \$7.50/lead during ACA Open Enrollment, \$10/lead off-season, 20 lead minimum order. Senior product telemarketing leads are provided to highly productive agents, free of charge, by invitation only, on a case-by-case basis.

**What county do you wish to target?** \_\_\_\_\_

Requirements for maintaining co-op participation:  
The agent must be appointed, through Empower, with a minimum of 3 carriers consistent with the focus of this order. Empower Brokerage reserves the exclusive rights to discontinue this program at our discretion for any participant not meeting guidelines. Empower Brokerage grants the agent exclusive rights to the lead for a 90 day period. Any lead not resulting in a sale after 90 days may be redistributed by Empower Brokerage. The participating Agent agrees to submit Lead Tracking forms weekly, updating us on your progress. The participating Agent agrees to contact each lead provided by Empower Brokerage in a timely manner. This timeframe is defined to be the same day of receipt of the lead. The participating Agent agrees to prioritize and utilize the leads provided weekly by Empower, "Exclusively" writing any resulting policies with carriers with which you are connected through Empower Brokerage ONLY. The participating Agent agrees to notify Empower Brokerage of each application, for tracking purposes, on a daily basis. The participating Agent agrees to submit all applications to Empower Brokerage for pre-underwriting and carrier submission, to (Fax 817-410-5999). Empower Brokerage cannot guarantee the response rate you will experience and is not liable for any misuse of the materials, resources, and prospects provided.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

My signature acknowledges my agreement to abide by the guidelines and requirements outlined above.

**Payment Information:** # of Mailers \_\_\_\_\_ # of Telemarketing Leads \_\_\_\_\_ Total Charge on Card: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Credit Card Company \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code (3 digit code on back of card): \_\_\_\_\_

Expiration Date on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**FAX TO: (817) 410-5999**



## Lead Maximizer Criteria

Directions: To get your leads fast, please answer the following questions.

1) **Who are you targeting?**

AGENT NAME:

- a) Consumer
- b) Business

2) **How do you want to reach clients?**

- a) Telephone
- b) Physical Address
- c) Both

3) **What is your target geographic area?**

Zip Codes: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, County: \_\_\_\_\_

4) **What age are you targeting?**

Exact range: \_\_\_\_\_ (Example: 64-65)

**OVER 65**

Date of Birth: \_\_\_\_\_ (Example: Jan 1943- Dec 1949)

5) **Property Ownership**

- a) Homeowner
- b) Renter
- c) Both
- d) Does not matter

6) **Income range or minimum amount?**

\_\_\_\_\_ (Example: lower than 50K, Higher than 50K)

Thank you!

Now we have the basic information to get you started with target leads. We will process your request and let you know when it's done.

**Compliments of Empower Brokerage. Your partner for success.**