

Prospect Program Order Form

Agent Name:

Date:

Email Address:

**Please return your completed order form to Network Insurance/Grupo LatinoAmericano de Seguros
Email - LeadServices@nishd.com - OR - Fax: (866) 637-7862**

You must have an active contract with Network Insurance to qualify for our Free Prospect Program.

You must also be certified for the carrier and product(s) you intend to market this list. Please note that you will not receive phone numbers on your prospect lists. **Your prospect list will be emailed to you directly from Go Leads (becky.samuelson@goleads.com)** You may purchase additional prospects anytime from Go Leads at the cost of \$100 for 500 or \$200 for 1000 prospects.

Carrier(s)/Product(s) you plan to market:

I am an individual agent. (This qualifies you to receive one list of 100 prospects per month.)

I am a recruiter. I request a total of leads to share with my downlines. (100 prospects per contracted agent for the above carrier.)

I am ordering prospects in the state of:

AREA TO SEARCH: Please check **ONE** box only.

A. ZIP CODES:

B. COUNTIES:

C. CITY NAMES:

D. OTHER:

TYPE OF PROSPECT: Please check **ONE** box only.

A. Turning age 65. **Please select up to three (3) months only.**

JANUARY FEBRUARY MARCH APRIL MAY JUNE

JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER

B. Specify Age Range 65+ (example 65-72) Age Range

C. Low Income: Individuals age 65+(specify age range) with an income below \$

Age Range

D. Other criteria. We can search by any age and income ranges. Please contact us with questions about other options.

By checking the box, I hereby acknowledge that the prospects I will be provided are compliant with the provisions of federal "Do Not Call" regulations, however, because of continuous consumer updates to the federal "Do Not Call" Registry, **I understand that the telephone numbers I am provided, if any, may only be used for thirty (30) days from today's date.** After such time, I understand that my unauthorized use of these telephone numbers may constitute a violation of federal law. I further acknowledge that I will comply with the provisions of all state and federal "Do Not Call" regulations, including the provisions of 15 U.S.Code § 6101 and 47 U.S. Code § 227, et. seq., and agree that I will hold National Service Group of AmeriLife and its affiliated entities, as well as their officers, directors and employees harmless should I fail to comply with state and federal regulations. For additional information on Do Not Call regulations, visit www.fcc.gov.

Previous Feedback: If you have previously ordered a list, please provide your feedback below.

of Sales from previous list: Date you received previous list: