

PROSPECT FORM

Fax to: 630-898-3752

Prospect's Information

Date: _____

Name _____ Date of Birth: _____

Phone Number _____ Best time to call _____ From _____ To _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Marital Status _____

Is this prospect expecting a call from Mr. Insurance Financial Services? Yes No

How do you know this prospect?

Relative Friend Co-Worker Just Met Other

If other, explain _____

What is prospect's current interest? (check all that apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Life | <input type="checkbox"/> Mortgage Protection |
| <input type="checkbox"/> Renters/Fire | <input type="checkbox"/> College/Estate Planning |
| <input type="checkbox"/> Health | <input type="checkbox"/> Credit Counseling |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Debt Elimination |

Life and Health Prospects Only – completely fill out information below

Has prospect been hospitalized in last ten years? Yes No

If yes, please explain _____

Is prospect currently taking medication? Yes No

If yes, please list (along with milligrams and times daily)

Your Information

Referring Broker's Name _____ Broker ID: _____

Phone Number _____ Email Address _____

MR INSURANCE BROKER REFERRAL PAYMENT CONTRACT

I, Lamar F. Porter, Manager of Mr. Insurance Financial Services Agency hereby agree to pay (your name) _____

a one-time referral fee per application. All payment checks will be mailed to the address of said broker which is listed below. Payments will be made bi-weekly and will be made on the 15th and last day of each month. Only policies approved five days prior to payout dates will make payroll according to contract agreement.

All referrals are considered valid upon approval of policy only. Referral payments will be made after the policy is approved. Any applications not approved will not be paid.

Referral Compensation Breakdown:

\$50 per application for the following products:

Life, Annuities, Mortgage Protection

\$10 per application for the following products:

Credit Counseling, Debt Elimination, Renter’s Insurance, Pre-Needs

I _____ understand and agree to the terms of this contract. I understand that Lamar F. Porter will pay me a referral fee per application generated by this referral program. I understand that this agreement is for an initial payment per application only and will not result in any residual income.

Signature of Payer _____ Date _____

Signature of Payee _____ Date _____

(Specify preferred mailing address for receipt of payments)

Referring Broker Mailing Address _____

