

FREE Quality INSURANCE Prospects!

***DOUBLE VERIFIED AND EXCLUSIVE
LEADS, PROVEN SALES SYSTEM, TOP
LEVEL CONTRACT MORE \$\$\$\$ FOR
YOU AND LESS TIME WORKING!!!***

Health, Life, Critical Illness, and Disability Leads!

Why waste your valuable time trying to generate your own leads, when you can have us doing it for you? While you are out selling your policies, we are busy working, and generating new business for you. We all know that time is money and the less time you spend on the phone trying to find a prospective client, the more money you make.



See Order Form or Contact:
Best Value Insurance Agency, Inc.
(417) 863-1096 – phone
(417) 863-8640 – fax
leads@bviai.com
www.bviai.com

WE WANT YOU TO MAKE MONEY SO WE CAN EARN MORE OF YOUR BUSINESS!

PROSPECT PROFILE

All of the leads that we generate for our clients are screened to save you even more time!

Business Owner

- More than 2 years experience
- 2 – 25 employees
- Age 30~60
- Screened for Health Conditions

Self Employed or Professional

- Excellent economic potential
- \$75,000 income or more
 - Service
 - Manufacturing
 - Professional

As part of the screening process:

- 1 Screened health conditions to save you time.
- 2 Competitive insurance company's to make the sales process easier.

SAMPLE OF A QUALIFIED LEAD SHEET YOU WILL RECEIVE FROM US:

County: Greene CO	Agent: Your Name		
Name: Jane Doe	Title: Owner		
Business: Acme Construction	Email: janedoe@aaa.com		
City: Springfield	State: MO	Zip: 65810	
Business Phone: 417-555-5555	Home Phone: 417-555-5554		
Insurance Company: Golden Rule			
Deductible: \$1,000			
Her Age: 45			
Cancer: No	Heart: No	Diabetes: No	Pregnant: No
Medication: None	Hospitalization: None	Smoking: No	
Comments: It's better to call them before 5:00 PM.			
Date & Time: August 12, 2004 11:08 AM			

Best Value Insurance Agency, Inc.'s Lead Opportunity

We have carefully selected and tested within our agency and after wonderful results, are now publicizing the opportunity. We are here to help guide you in this process and if you have any questions, please feel free to contact our office:

Ask for Lead Coordinator

Phone: 417-863-1096

Fax: (417) 863-8640

leads@bvai.com

www.bvai.com

LeadDistributor

Provided by Best Value Insurance Agency, Inc.

Search Leads:

Enter Lead ID

[Advanced Search](#)

Update Lead - PG00441

Contact Information

First Name:	<input type="text" value="Betsy"/>	Business Name:	<input type="text" value="Betsy Sue's Ice Cream Parlor"/>
Last Name:	<input type="text" value="Sue"/>	Address:	<input type="text" value="111 E Main St"/>
Title:	<input type="text" value="Owner"/>	City:	<input type="text" value="Springfield"/>
Day Time Phone:	<input type="text" value="111-111-1111"/>	State:	<input type="text" value="MO"/>
Evening Phone:	<input type="text"/>	Zip Code:	<input type="text" value="65807"/>
Email:	<input type="text"/>	County:	<input type="text" value="Greene"/>
Best Contact Time:	<input type="text"/>	Lead Source:	Progressive
Date/Time Contacted:	2006-09-21 13:00:05	Renewal Date:	<input type="text" value="2007-10-26"/>
Sales Process:	<input type="text" value="2. Approach the Prospect"/>		

Priority:

Allow agents to see notes:

Notes:

Time Stamp	Note	Priority	User
9/22/2006 13:1:45	Lead Redistributed to John Doe	Low	
9/22/2006 13:0:38	Lead Added	Low	

Insurance Information

Currently Insured:	<input type="text"/>	Through Other Job :	<input type="text" value="No"/>
Insurance Company:	<input type="text" value="Anthem"/>	Plan Chosen:	<input type="text" value="No"/>
Employees Covered:	<input type="text" value="None"/>	Deductible:	<input type="text" value="2500"/>

Personal Information

	Gender	Date of Birth	Age	Height	Weight (lbs)	Tobacco user?
Applicant:	<input type="text"/>	<input type="text"/>	<input type="text" value="25"/>	<input type="text" value="6"/>	<input type="text"/>	<input checked="" type="checkbox"/>
Spouse:	<input type="text"/>	<input type="text"/>	<input type="text" value="25"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="checkbox"/>

Dependents

Children:

Health Information

Health Conditions: Hospitalization:

Comments:



**BEST VALUE
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AGENCY, INC.**

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Springfield, MO 65807
Office: (417) 863-1096
Fax: (417) 863-8640
leads@bviai.com
www.bviai.com

Lead Order Form

(Please note: limit of 30 leads per contracted agent, per order. If more leads are desired please contact the office for more details.)

Date: _____

From: Agent/Agency: _____

Agent Name	Quantity	County	State

Total Number of Leads: _____

Date Desired: _____

Just pick your counties and number desired, then fax or mail in choices.

Agent understands and agrees all prospective applicants and referrals generated by such leads are to be solicited for insurance availability only from Best Value Insurance Agency, Inc.'s (BVIAI) portfolio of insurance companies. This provision will be strictly enforced and adhered to by all parties and if breached will be grounds for termination, of Health Insurance Lead Agreement, any BVIAI sponsored bonus program and any commission overrides. The agent takes full responsibility for complying with the current state & federal Do No Call laws. A telemarketed lead accessed through the internet-based distribution system the lead can't be contacted after 90 days from the lead's original date of contact. I hereby certify that the Agreement above, which I have signed, has not been altered, modified, or changed by me in any manner and that I agree to be bound by the provisions of that Agreement.

Agent Name (Print): _____ Date: _____

Agent Signature: _____



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ANNUITIES • RETIREMENT ACCOUNTS**





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contracting@bviai.com

www.bviai.com

Health Insurance Lead Agreement

(Must have valid insurance producer's license for life and health lines and errors and omissions coverage)

This agreement is between **Best Value Insurance Agency, Inc.** (hereinafter referred to as the "Company") and _____ (hereinafter referred to as the "Agent"), which becomes effective on the date signed. **Agent** that desires to sell insurance through the portfolio of insurance companies marketed by the Company, and desires the Company to purchase leads, will understand and agree to the following terms and conditions:

1. It is understood that all health insurance leads are property of the Company, and are to be used to assist the Agent as part of the sales process in marketing insurance products from the Company's portfolio of carriers. Agent must maintain "good standing", comply with laws in which doing business, maintain a valid insurance license, and maintain continuous errors and omissions coverage. If commission advances are authorized, assignment of commissions may be required. Good standing means, but is not limited to, meeting the minimum persistency and placement standards, minimum production requirements, no existing unsecured debit balance, and any other criteria the Company may prescribe from time to time. **The Agent is expected to maintain a minimum standard of generating \$2000 annualized approved premium per 6 leads issued to the agent. Any unsold leads must be sent back to the Company in two weeks with an explanation of why they were not sold, in order to maintain this agreement.**
 - a) To pay for any and all leads sent by the Company in accordance with the payment provisions set forth in this Agent agreement.
 - b) Contact each lead within 3 business days of receiving such lead for purposes of verifying the accuracy of the information provided by Company and to provide the requested insurance quotation.
 - c) Update Company through online lead recall system located at <http://leadssystem.bviai.com> within 4 days of receiving a lead if the contact information provided for such lead is incorrect or such lead is uninsurable.
 - d) Agent has 29 days to update the online lead to at least step 9 of the sales process or it will be transferred.
 - e) Not to disclose, sell, transfer, assign or give any lead provided by or through Company to any other person or organization.
 - f) Use leads solely for the purpose of qualifying and sending insurance quotations requested by such leads.
 - g) Comply with any and all federal, state, local and industry laws, rules, regulations, or requirements up to and including licenses required to sell the insurance quoted by Agent in the state(s) in which any geographic area is selected by Agent on the Agent Application
 - h) Provide quotes only through Company portfolio of companies which Agent is authorized and/or licensed to sell insurance.
2. Agent understands and agrees that all prospective applicants and referrals generated by such leads are to be solicited for insurance availability only from Company's portfolio of insurance carriers. This provision will be strictly enforced and adhered to by all parties and, if breached, will be grounds for termination of Health Insurance lead agreement and Company bonus program, and of all existing agreements with the Company, in accordance with the Agent's Contract; such as the Combined Production Bonus agreement and any commission overrides.
3. Company may terminate agreement at any time. Agent may terminate this agreement by giving 10 days notice, in writing, to the Company. This agreement shall immediately terminate upon the Agent or Agency (Company) Contract terminating, appointment cancelled, or not meeting the standards set forth above.
4. This agreement is an addendum to, and does not change or alter existing agreements with the Company concerning rights and responsibilities for amounts due, and payable, under those existing agreements.
5. The agent takes full responsibility for complying with the current state & federal Do Not Call laws; the Company is not liable. The lead cannot be contacted after 90 days of the lead's date of inquiry.

I hereby certify that the agreement above, which I have signed, has not been altered, modified, or changed by me in any manner, and that I agree to be bound by the provisions of that agreement.

Agent Name (Print): _____ **Date:** _____

Agent Signature: _____



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