

## USABG Signature Agent Leads

Producer Pipeline	Price	Min Order	Ordering Instructions
<b>Major Medical Shared Internet Leads</b> <ul style="list-style-type: none"> <li>Filters included: no pre-ex, max BMI=35, ages 25-60</li> <li>Optional filter (\$1/lead extra fee): currently insured</li> <li>Turn lead flow off and on</li> </ul>	\$6.00	50	Contact Linda Nguyen at 415-974-1445 x122. Reference USABG.
<b>After Hours Leads</b> <ul style="list-style-type: none"> <li>Arrive 5 pm to 6 am EST or any time on weekends</li> </ul>	\$5.00	50	
<b>Exclusive Internet Leads</b>	\$17.00	12	
<b>Uninsurable Leads</b>	\$4.50	50	
<b>AHCP Lead Credits:</b> When ordering leads through AHCP, choose "Duryea Agents Only Shared Internet Leads \$7." This can then be applied to any Producer Pipeline leads.			
VIMO	Price	Min Order	Ordering Instructions
<b>Major Medical Exclusive Internet Leads</b> <ul style="list-style-type: none"> <li>Filtered by ht/wt, ages 18-63 and 12 conditions</li> <li>Turn lead flow off and on</li> </ul>	\$16.00	30	Contact Sephy Hambaz at 877-296-3805 x4609. Reference USABG.
<b>Major Medical Shared Internet Leads</b>	\$6.00 or \$4.80 (no returns)	50	
<b>Uninsurable Leads</b>	\$3.50	50	
<b>Uninsurable Exclusive Leads</b>	\$9.00	30	
All Web Leads	Price	Min Order	Ordering Instructions
<b>Major Medical Shared Internet Leads</b> <ul style="list-style-type: none"> <li>Medically qualified (age, weight, conditions)</li> <li>Qualified real time internet leads</li> <li>Additional filters available</li> </ul>	\$6.95	20	Go to <a href="http://www.allwebleads.com">www.allwebleads.com</a> to create account. Call 888.522.7355, x1 to activate. Reference USABG.
United Quotes	Price	Min Order	Ordering Instructions
<b>Uninsurable Leads</b>	\$2.00	100	Contact Mary Wong at 800.746.0168, x105. Mention Reference USABG.
<b>Exclusive Super Leads - Verified</b> <ul style="list-style-type: none"> <li>Major medical only, no returns</li> <li>Filtered by age (25-63), no pregnancy, no HIV</li> </ul>	\$12.00	30	
<b>Exclusive Super Leads</b> <ul style="list-style-type: none"> <li>Major medical and uninsurable, no returns</li> <li>Filtered by healthy/non healthy</li> </ul>	\$8.00	30	
<b>Aged Health Leads 3-90 days old</b>	\$1.00	150	
LeadCo Mortgage Life Leads	Price	Min Order	Ordering Instructions
<b>1000-piece or 750-piece mailing</b> <ul style="list-style-type: none"> <li>Extra 20% mailers at no charge</li> <li>20 free Second Chance leads</li> </ul>	\$625 or \$490	N/A	Contact Tom Wescott at 888.346.4686 x109. Reference USABG.
GoLeads	Price	Min Order	Ordering Instructions
<b>Business List Leads</b> <ul style="list-style-type: none"> <li>Unlimited access to GoLeads database</li> <li>1000 leads downloaded per month (Excel or .csv)</li> <li>Filtered by location, SIC code, # of employees, etc.</li> </ul>	\$50/month or \$500/year	N/A	Contact Mr. Jayce Patterson at 402.334.1824, x101. Reference USABG.

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## USABG Signature Agent Leads

PDS Telemarketing Leads	Price	Minimum Order	Ordering Instructions
<b>Exclusive Major Medical Leads</b> • Filtered by ages 23-63 and conditions • Email address when available	\$16.00 or \$14.00 (no returns)	15	Contact Jason Tidd or Paul Sherr at 214-343-7374 or email usabg@pdsdallas.com. Reference USABG.
<b>Exclusive Combo Leads</b>	\$10.00	15	
Prospect America Telemarketing Leads	Price	Minimum Order	Ordering Instructions
<b>Exclusive Major Medical Leads</b> • Life and Health leads • 100% verified using your name • Must order at least 3 counties	\$17.50 (some areas \$19.00)	15	Fill out form below
USABG B Leads	Price	Minimum Order	Ordering Instructions
<b>Aged Telemarketing Leads</b> • Limited quantities available in select states (see below).	\$1.00 each	20	Fill out form below

### Credit card will be charged at time of order

**Prospect America:** Quantity \_\_\_\_\_ State \_\_\_\_\_ Type (*circle*): Life Health  
 Counties (*minimum 3*) \_\_\_\_\_

**B-Leads:** Quantity \_\_\_\_\_ State (*circle*): CO FL IL IN MI MO NV OH PA TN VA WI WV

Agent Name \_\_\_\_\_

E-Mail Address (*where leads will be sent*) \_\_\_\_\_

Phone Number \_\_\_\_\_

Credit Card Type (*circle one*)    Visa    MasterCard    (*sorry, no American Express at this time*)

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-digit PIN (*on back of card*) \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address (*no PO Box*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO 866.301.3754**