

Marketing Proposal Form

First Sierra Insurance Services, LLC

Date of Request :

Broker /Agency Name:

Broker /Agency TIN:

Reimbursement Mailing Address:

Requested Marketing Amount (Gross amount):

Requested Reimbursement Rate:

Total Requested Reimbursement Amount:

Name of campaign:

Carrier you are requesting marketing dollars from:

Start date for campaign

End date for campaign

Type of campaign:

Direct Mail

Print Advertising

Radio

TV

Seminars

ETC.

Detailed description of advertising cost:

Detailed description of advertising campaign (Attach all advertising pieces, etc):

Projected sales from marketing campaign:

Submitted by (Name):

Submitted by (Signature): _____

By submitting this form you agree to the following:

1. All marketing pieces need to be fully compliant with CMS, Carrier & the Department of Insurance rules and regulations.
2. All pieces will be submitted to the carrier for review and approval.
3. All pieces and proposals need to be reviewed by First Sierra Insurance Services, LLC prior to the marketing campaign.
4. If all steps are not completed and approved you will not be eligible for marketing reimbursement.
5. The broker or agency is responsible for paying the full marketing cost and then submitting the request for reimbursement to the carrier. Once the carrier receives the required forms and receipts the carrier will reimburse the funds to the agent or broker. (Save your receipts)

Request Received ____/____/____

Approved marketing pieces: Yes No

Approved reimbursement amount: _____

Approver's Signature _____