

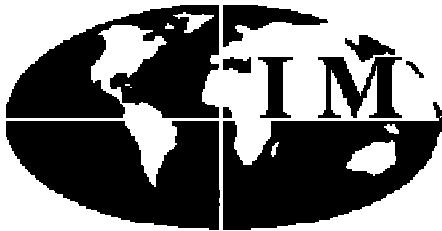
**INNOVATIVE MARKETING**

*"Creating The Business For Tomorrow"*

**Creating**

**The Business For**

**Tomorrow**



**INNOVATIVE MARKETING**

*"Creating The Business For Tomorrow"*

## **FOLLOW OUR LEAD!**

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Web Page address: **[www.iminnovativemarketing.com](http://www.iminnovativemarketing.com)**

-or- Secondary Search: **[www.innovativemarketing.cc](http://www.innovativemarketing.cc)**

## IT PAYS TO COMPARE Innovative Marketing Lead vs. Others

Compare: The majority of information an Innovative Marketing lead supplies to you.	Competitor 1	Competitor 2	Competitor 3	Competitor 4	Competitor 5	Innovative Marketing
Total Value of Contents Amount						YES
Building Information						YES
Number of Locations	YES	YES	YES			YES
Year Built of Building						YES
# of Stories of Building						YES
# of Units in Building						YES
Type of Construction of Building						YES
Approx Sq Feet of Building						YES
Approx Sq Feet Occupied by Insured						YES
Sprinklered Yes or No						YES
Alarm System Type Local or Central						YES
Alcohol Sales Percentage						YES
Gross Sales Information						YES
Approximate Monthly Sales						YES
Approximate Yearly Sales			YES	YES		YES
Gross Payroll Information						YES
Approximate Monthly Payroll						YES
Approximate Yearly Payroll						YES
Employees Total	YES	YES	YES	YES		YES
# of Full-Time Employees						YES
# of Part-Time Employees						YES
Insurance Information						YES
General Liability Co & Exp Date	YES	YES	YES	YES	YES	YES
Worker's Comp Co & Exp Date	YES	YES	YES	YES	YES	YES
Business Auto Co & Exp Date	YES	YES	YES	YES	YES	YES
# of Vehicles on Policy	YES	YES	YES		YES	YES
Health Co & Exp Date	YES	YES	YES		YES	YES
# of Employees Participating			YES			YES
% Employee Pays			YES			YES
Professional Liability Co & Exp Date						YES

**Sample Lead**

**Subject:** Appt From X-Date For Creative Concepts  
**To:** John Doe (John Doe Agency)  
**Fax:** 800-123-4567  
**Phone:** 800-765-4321  
**From:** John Smith Direct Contact Marketing - 800-233-5277)  
**Date:** 09/01/01

**Call Result: Appt-From X-Date Lead Assigned To: Joe Producer**

**Prospect:** Creative Concepts **Phone:** 123-456-7890  
**Contact:** Jane Smith **Fax:** 098-765-4321  
**Contact 2:** Jim Johnson **Title 1:** HR Manager  
**Address:** 1234 Main Street, Suite 100 **Title 2:** President  
City, State Zip: Anycity, ST 12345  
  
**Email Address:** JaneSmith@CreativeConcepts.com  
**Web Address:** www.creatlveconcepts.com

Line Of Coverage	X-Date	Carrier
Package:	01/01/02	ABC Insurance Carrier
Workers Comp:	06/01/02	State Fund
Auto	01/01/02	ABC Insurance Carrier
Health:	01/01/02	Health Carrier

**Prospect Information:**

**Incumbent Agency:** AAA Agency

**Current Premium:** 25,000

**Number Of Locations:** 1  
**Number Of Autos:** 2  
**Number Of Employees:** 10

**SIC Code:** 1234-5678

**SIC Desc / Business:** Printing, Publishing

**Appointment Info:** Tuesday, September 11, 2001 at 1:00PM

*Notes:* Current agent hasn't gotten back to him in over a month & they are opening a new location (larger than this one). Please call ASAP!



## Innovative Concepts

200 Stonehinge Lane  
Carle Place, NY 11514

Competitor  
2

Phone (516) 479-2200  
(800) 724-2242  
Fax (516) 479-2215

### Appointment Notification

e-mail or fax to (deleted for confidentiality)

**Producer:** Hold For Producer

**Client:** (deleted for confidentiality)  
**Database Name:** (deleted for confidentiality)  
**Sales Representative:** KDC  
**Date Written:** 12/3/2002

**Contact Name:** (deleted for confidentiality)  
**Title:** Office Manager  
**Company:** (deleted for confidentiality)  
**Address:** (deleted for confidentiality)  
Monrovia, CA 91016

**Telephone Number:** (deleted for confidentiality)  
**Fax Number:** (deleted for confidentiality)  
**Web Address:** (deleted for confidentiality)  
**Email:** not mentioned

**SIC code:** 367901  
**Type of Business:** Electronic Circuits

**Date of Appointment:** 12/18/2002  
**Day of Week:** Wednesday  
**Time:** 11:00am

*\*So that our representative has the correct information to come in better prepared and take up less of your time, may I ask you briefly:*

#### \*\*\*Information Independent of IMR Report\*\*\*

**Ex-Date:** 1/31/2003  
**Carrier:** Hartford  
**Verified # Employees:** 50  
**Verified Total Premium:**

#### \*\*\*Report IMR Information\*\*\*

**# Employees:** 35  
**Approx. Annual Sales:**  
**Approx. Total Annual Premium:**  
**Comm Prop:**  
**General Liability:**  
**Comm Auto:**

#### Comments:

The appointment will take place on Wednesday, December 18, 2002, at 11:00 a. m. The meeting will be with Mr. Carlos Ebro, who is the Controller at {deleted for confidentiality} Mr. Ebro informed me that the renewal dates are January, and February of 2003. They use Hartford as the current carrier. They have one closed claim as per their workers compensation. They have 50 employees at the company. They provide Sound equipment. He would like you to confirm the appointment by phone on Tuesday, December 17, 2002.

**'Your Company' Appointment Lead Sheet:**

**PROSPECT INFORMATION**

<b>Prospect Name:</b> ABC Company			
<b>Address:</b>		<b>PH:</b>	(555) 555-5555
1111 ABC Company Way		<b>FX:</b>	(555) 555-5000
Somecity, CA 22222-1111		<b>Web:</b>	http://www.abccompany.com
<b>Contact:</b>	<b>Contact Type:</b>	<b>Title:</b>	<b>Email:</b>
John Smith	Decision Maker	President	decisionmaker@abccompany.com
Betty Jean	Contact	Human Resources Manager	contact@abccompany.com

**POLICY INFORMATION**

<b>Liability XD:</b>	10/1/2003	<b>Carrier:</b>	Travelers
<b>Workers Comp XD:</b>	10/1/2003	<b>Carrier:</b>	Travelers
<b>Auto XD:</b>	10/1/2003	<b>Carrier:</b>	Travelers
<b>Health XD:</b>	12/1/2003	<b>Carrier:</b>	Anthem

**AGENCY INFORMATION**

<b>Primary Agency Info:</b>	ABC Insurance Agency
<b>Secondary Agency Info:</b>	MGA Insurance Agency

**VITAL INFORMATION**

<b>No. of Employees:</b>	225	<b>No. of Locations:</b>	4
<b>Emp. Participation:</b>	200		
<b>Emp. Contribution:</b>	Varies		
<b>No. of Autos:</b>	10	<b>Revenue:</b>	\$50,000,000.00
<b>SIC Code:</b>	3479 Metal coating and allied services		

**APPOINTMENT INFORMATION**

<b>Appointment Info:</b>	3/10/2004 1:00:00 PM
--------------------------	----------------------

**ADDITIONAL INFORMATION**

<b>Notes:</b>	<p>Contact is Betty Jean. Decision maker is John Smith. The company has 225 employees, 200 currently Participating in plan. Plans vary. Level of interest is 6. Company has 4 locations.</p> <p>Main priority in switching is if your agency can assist in a workers compensation market.</p>		
<b>Last Called:</b>	3/2/2004	<b>Call Result:</b>	Appointment

Referral Services  
Appointment Confirmation

Contact \_\_\_\_\_  
Company Name \_\_\_\_\_  
Company Address W BROOKS AVE  
City NORTH LAS VEGAS State NV Zip 89030  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

We have scheduled an appointment for you on the date and time listed below. Please call us with any questions at (800) 401-8466

Date: Aug. 29 THURS.  
Time: 10am

Company Information:

	Renewal Date
W/C <u>will provide ON Appt</u>	<u>OCT</u>
GLIB _____	_____
Auto _____	_____
Health _____	_____

Number of Locations 1  
Number of Employees 20-50  
Number of Autos \_\_\_\_\_  
Nature of Business TRUCKING CONTRACTOR  
Current Agency \_\_\_\_\_

Notes: SAID HE WORKS W/A  
CONTRACTORS LICENSE FOR HIS BUS.



**Commercial Lines Lead Form**

Marketing Rep:

Call Date/Time:

Client Information			
Contact Name/Title:			
Business Name:			
Qualified Prospect Information:			
Prospect Name:			
Decision Maker Name if Different:			
Business Name:			
Address:			
City/State/Zip:			
Phone: (work)	(cell)	(fax)	
Renewal Information:			
Liability Renewal Date:	Co:		
Worker's Comp Renewal Date:	Co:		
Auto Renewal Date:	Co:	#Autos:	
Health Renewal Date:	Co:		
Lead Details:			
Current Agency(s)?			
Number of employees			
Besides price, is there any other motivator for moving your insurance?			
Comments:			
Best time to call:			
Appointment or Lead:		Time:	





**X-Date Form**

County Code 375

**1) CONTACT INFORMATION:**

Business Name ABC Company

Primary Contact Name John Jones

Position Cntrlr

Address 123 Main Street

City Burbank

St. CA ZIP 91504-

Phone 800/555-1212 Fax 800/555-2121 E-mail john\_jones@abccompany.com

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**2) INSURANCE INFORMATION:**

Gen. Liability Insurance Co. Hartford Exp. Date 04

Work Comp. Insurance Co. Fremont Exp. Date 04

Business Auto Insurance Co. Hartford Exp. Date 04

# of Vehicles on Policy 10

Prof. Liability Insurance Co. Exp. Date 13

Health Insurance Co. Blue Cross Exp. Date 11

# of Participating Employees 17 % Employee Pays 0

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**3) BUSINESS INFORMATION:**

SIC Code 356101

Employee Size C

Total Employees 19

Full-Time 19

Part-Time 00

Incumbent Agency

Approximate  
Premium (Combined)

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**4) COMMENTS:**

Please quote health. Call to confirm week prior appt .

R1 X

Date 06-19-01

Staff AC

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## Prospect Form

County 375

Contact Date 7/16/2007 Faxed Date 7/17/2007 Staff PS Appt Date 9/12/2007

**1) CONTACT INFORMATION:**

Business Name ABC Company

Primary Contact Name John Jones

Position Cntrlr

Alternate Contact Name

Address 123 Main Street

City Burbank

St. CA ZIP 91504-

Other Loc. Addr.

City

St. ZIP

Phone 800/555-1212 Fax 800/555-2121 E-mail john\_jones@abccompany.com

**2) BUILDING INFORMATION:**

Contents Amount \$900,000 Sq. Ft. Occupied 10,000

Year Built 1978 Stories 2 # of Units 1 Construction Type Cinder Block

Alarm System Type Central Station

Sprinklered No

**3) BUSINESS INFORMATION:**

Type of Business Corporation Years in Business 28 Total # of Locations 1

SIC 356101 Alcohol Sales % (Restaurant/Store) 0

Employee Size C T/Emp 19 F/T 19 P/T 00

Approx Annual Sales \$5,800,000 Approx Annual Payroll \$1,000,000

**4) INSURANCE INFORMATION:**

Gen. Liability Insurance Co. Hartford Exp. Date 04

Work Comp. Insurance Co. Fremont Exp. Date 04

Business Auto Insurance Co. Hartford Exp. Date 04

# of Vehicles on Policy 10

Health Insurance Co. Blue Cross Exp. Date 11

# of Employees Participating 17 Employee Pays 0 %

Prof. Liability Insurance Co. Exp. Date 13

**5) COMMENTS:**

Please quote health. Call to confirm week prior appt .

Staff: JK

Business	R2	Date	1st	Position	City	Size	T/Emp	F/T	P/T	SIC	GL Mth	GL CO	WC Mth	WC CO	CA Mth	CA CO	HI Mth	HI CO	PL Mth	PL CO
ABC Co	QA	02-02-07	Don	CFO	Monrovia	D	46	46	00	362104	04		09				08	Blue Shield	13	
ABC Co	Q7	12-16-05	Todd		Arcadia	D	42	42	00	506315	03	St Paul Travelers	10	St Fund			01	Blue Shield	13	
ABC Co	Q	02-26-07	Carolyn	Bkkpr	Monrovia	D	42	42	00	308901	06	Hartford	12		06	Hartford	13	Health Net	13	
ABC Co	Q	09-08-07	Gilda	HR	Montrose	D	42	42	00	275902	06	Firemans Fund	06	Everest	06	Firemans Fund	04	Health Net		
ABC Co	QA3	01-11-03	Mildred		Burbank	D	39	37	02	347198	03	Hartford	13	State Fund	03	Hartford	13	Blue Shield	13	
ABC Co	QA	12-18-03	Cathy		La Canada	D	37	37	00	506308	03		03	St Fund	13	St Farm	13	Pacificare	14	
ABC Co	Q	02-16-07	Stephanie	Cntrlr	Burbank	D	35	34	01	505128	05		05		05		09	PacifiCare	13	
ABC Co	QA	02-14-03	Flint	Owner	Burbank	D	32	32	00	336501	03	Safeco	03	State Fund	03	Allstate	03	Kaiser	13	
ABC Co	Q	02-02-07	John	Owner	El Monte	D	32	30	02	344604	04	Safeco	10	Employers Ins	04	Safeco	01	Kaiser	13	
ABC Co	QA	01-23-03	Bruce		Pasadena	D	31	31	00	308901	03	Travelers	12	St Fund	03	Travelers	13	Kaiser	13	
ABC Co	QA	11-19-03	Dino	Owner	San Gabriel	D	30	27	03	523107	01	Sentry	07	Farmers		NA	01	Kaiser	13	
ABC Co	QA	06-27-03	Paul	Owner	Burbank	D	30	25	05	384101	07	C N A	07	St Fund			04	Blue Cross	13	
ABC Co	QA	06-24-03	Steve	Owner	Burbank	D	30	15	15	206401	09	Golden Eagle	09	St. Fund			14		13	
ABC Co	QA3	01-01-04	Heather		Burbank	D	30	30	00	506501	02	Unigard	02	St Fund	02	Uniguard	13	Health Net	14	
ABC Co	Q	06-06-07	Sandy	VP	Alhambra	D	30	30	00	254198	09		09				13		13	
ABC Co	QA	03-10-07	Norma	Admin	Burbank	D	30	29	01	506304	05	Mercury	05	Emp Dir	05	First Mercury	05	Blue Cross	13	
ABC Co	Q9	07-13-05	Heng	Acct	Burbank	D	30	30	00	391101	10	Jewelers Mut	01	Zenith	10	Farmers				
ABC Co	QA	07-07-04	Fred		Burbank	D	30	30	00	259101	10	St Paul	06	Allience		St Farm	13	Blue Cross	13	
ABC Co	Q	02-02-07	Rosa	Cntrlr	Burbank	D	27	27	00	509909	06	Hartford	09	Travelers			01	Blue Cross	13	
ABC Co	Q	07-21-06	Jon	Pres	Burbank	D	25	25	00	509905	09	C N A	13				09	Blue Cross	13	
ABC Co	QA	05-31-07	Ugo	Pres	Burbank	D	25	25	00	514902	08	Firemans Fund	01				14		13	
ABC Co	Q	11-23-06	Larry	Owner	Monrovia	D	25	25	00	251198	03	Golden Eagle	06	Amer All Rsk	03	Golden Eagle	07	Health Net	00	
ABC Co	QA	01-23-07	Shelly	Off Mngr	Monrovia	D	25	24	01	344403	05	Golden Eagle	05	St Fund	05	Golden Eagle	11	Health Net	13	
ABC Co	QA3	10-23-03	Larry		Pasadena	D	25	50	05	504506	01		01	State Fund	01		01	Calif Choice	13	
ABC Co	QA3	08-12-04	Marlene	Mngr	Temple City	D	23	20	03	506324	11	First Specialty	04	St Fund	11	First Specialty	13		13	
ABC Co	QA2	07-18-07	Ira	Pres	Burbank	D	22	18	04	519932	10	St Farm	05				04	Blue Cross	13	
ABC Co	Q9	08-31-05	Carl		Monrovia	D	22	22	00	367901	10	Golden Eagle	10	St Fund			12	Cal Choice	13	
ABC Co	Q	01-31-07	Dan		Burbank	D	21	21	00	349498	05		08		05		13	Kaiser	13	



### Various Marketing Programs

#### Program One: Appointments Only

- 1) Agency will receive questionnaires with appointments (QA's)
- 2) Innovative Marketing has to keep all questionnaires only (Q's)
- 3) Cost per appointment is set after having determined SIC code classifications and size of accounts, **plus mail costs**
- 4) (Bruce approved discount included)

#### Program Two: Flat Monthly Program

- 1) \$\_\_\_\_\_ per month, which includes all forms (Q's and QA's) and mail costs
- 2) This is a flat monthly installment charge, to be reviewed every 180 days (6 months)
- 3) Monthly installment charge to be adjusted accordingly (adjusted up or down) for the next six-month period based upon the previous six-month period
- 4) (Bruce approved discount included)

#### Program Three: ROAP Program

- 1) Agency receives all Q's and QA's obtained by Innovative Marketing.
- 2) Charges are as follows:

	<b>Cost Per Q</b>	<b>Cost Per QA</b>
<b>Size B Business</b>	\$60	\$80
<b>Size C Business</b>	\$80	\$110
<b>Size D Business</b>	\$100	\$150
<b>Size E Business</b>	\$120	\$180
<b>Size F (and larger) Business</b>	\$150	\$200

- 3) Charges for this program are per Q or QA, plus mail costs
- 4) (Bruce approved discount included)

**\*\*Please note:** These questionnaires and/or questionnaires with appointments will have several lines of business included, with our predominant focus on the General Liability expiration date first.

YEAR	2003		2004		2005		2006		2007	
1 = 1st Agt	1 = NEW	\$1,461,718	1 = Renewal	\$1,169,374	1 = Renewal	\$935,500	1 = Renewal	\$748,400	1 = Renewal	\$598,720
2 = 2nd Agt			1 = NEW	\$796,594	1 = Renewal	\$637,275	1 = Renewal	\$509,820	1 = Renewal	\$407,856
					1 = NEW	\$1,118,646	1 = Renewal	\$894,917	1 = Renewal	\$715,933
							1 = NEW	\$500,413	1 = Renewal	\$400,330
							2 = NEW	\$511,322	2 = Renewal	\$409,058
Total New & Renewal Premium at 80% Retention		\$1,461,718		\$1,965,968	Note: Stopped Serv. With IM 04-05.	\$2,691,421	Note: Restarted Serv. With IM 05-06.	\$3,164,872	Note: Since Coming back to IM New & Ren.(18 mths) Prem. Written ?	\$3,237,437
									1 = NEW	\$506,517
									2 = NEW	\$199,023
										<b>\$2,526,663</b>

2003		\$1,461,718
2004		\$1,965,968
2005		\$2,691,421
2006		\$3,164,872
2007		\$3,237,437
Total New & Renewal Premium at 80% Retention	<b>NOTE: 10 to 1 RETURN</b>	\$12,521,416

**\*\*\*IM received \$117,350 from this agency during this time period**