



Brokerage Bucks Request Form

Effective Date January 1st

Agent Name: _____ Email: _____

Phone: _____ License Number: _____

Usage of Brokerage Bucks

ARM Direct Mail Piece

Catalog # _____

*Enter Zips or Counties Below

Branded Piece

Carrier Selected _____

*Please Attach Piece to Email

*Enter Zips or Counties Below

Marketing Materials

Give-a-Way / Promo Items

Signage for Retail or Events

Business Cards

Other _____

Marketing Events

Kiosk Rental

Community Event

Retail Site

*Please Provide Invoice

*Check Must Be Paid to Vendor

Counties/Zip codes - Please List in Preferred Order by Column

Counties/Zip codes - Please List in Preferred Order by Column				

Carrier

Effective Date

Client Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____

**If using Bucks for anything other than direct mail, please include vendor's invoice.

Approval on case by case basis.**