

Insurance Insight Advertising Contract

Effective 2008 - 2009

Company Name _____ **Contact:** _____

Phone: _____ FAX: _____ Email: _____

Billing Address: _____ City/State/Zip: _____

Ad Size	Rate	1-color Blk	2-color Blk + 1	3-color Blk + 2	4-color Process		Ad Size	Rate	1-color Blk	2-color Blk + 1	3-color Blk + 2	4-color Process
Full Page	1x	927.00	1,204.00	1,482.00	1,761.00		1/2 Page	1x	528.00	684.00	844.00	1,001.00
	6x	810.00	1,055.00	1,298.00	1,541.00			6x	444.00	577.00	710.00	844.00
	12x	630.00	819.00	1,010.00	1,144.00			12x	363.00	472.00	580.00	687.00
2/3 Page	1x	703.00	914.00	1,124.00	1,335.00		1/3 Page	1x	367.00	496.00	745.00	752.00
	6x	613.00	796.00	980.00	1,163.00			6x	322.00	434.00	546.00	660.00
	12x	470.00	612.00	752.00	893.00			12x	255.00	344.00	433.00	522.00

Please circle price above that coincides with desired size, number of insertions per year, and number of colors.

Specified position: 30% additional charge, availability varies. Specify Position: _____

★ All advertising prices are net. Clients are responsible for all commission fees.

Insertion Issues:

To guarantee correct placement of multiple ads, the title and size of the ad to run **must** be noted beside the month.

- | | |
|--|---|
| <input type="checkbox"/> January 20__ / _____ | <input type="checkbox"/> July 20__ / _____ |
| <input type="checkbox"/> February 20__ / _____ | <input type="checkbox"/> August 20__ / _____ |
| <input type="checkbox"/> March 20__ / _____ | <input type="checkbox"/> September 20__ / _____ |
| <input type="checkbox"/> April 20__ / _____ | <input type="checkbox"/> October 20__ / _____ |
| <input type="checkbox"/> May 20__ / _____ | <input type="checkbox"/> November 20__ / _____ |
| <input type="checkbox"/> June 20__ / _____ | <input type="checkbox"/> December 20__ / _____ |

DEADLINES: Contracts and advertisements are due the **1st of the month prior to the month of the publication in which the advertisement is to appear.** Contracts must be received for all ads.

CANCELLATIONS: Full payment is required in the event of a cancellation of any ad insert, unless notice is received by the **1st of the month prior to the month of publication in which the advertisement is to appear.**

Remarks or Special Instructions: _____

THIS CONTRACT MUST BE COMPLETED AND ACCOMPANY ALL AD INSERTION ORDERS FOR ANY AD PLACEMENT TO BE GUARANTEED.

SIGNATURE _____ **DATE** _____