



Advertising & Logo Request Form

Agent Name

Medico Writing #

Address (if applicable)

Phone Number

Agency Name (if applicable)

E-mail Address

Website (if applicable)

Signature

X _____

I am requesting approval to use Medico information in an advertisement/website I created

States where advertisement will appear

Advertisement is for the following (check all that apply)

Dental, Vision, Hearing

Cancer

Medicare Supplement

Life

Recovery Care

Hospital
Indemnity

The Advertisement is for agent use only

This Advertisement is for consumer use

I am requesting a customized pre-approved advertisement or logo

States where advertisement will appear

Form Number(s) or Logo Type

Information I would like on the advertisement

My Name

My Address

My Phone #

My E-mail

My Agency

My Website

Detailed Description of Use

Dates of Use

From

To

I agree that I have read the Medico Insurance Company Advertising Guidelines, and that the above advertisement will not be used in any capacity that violates those guidelines. I also understand that typing my name above and checking this box constitutes an electronic signature, which has the same force and effect as a signature affixed by hand.

Submit by E-mail

marketing@gomedico.com

Submit by Fax

(402) 452-2774

Submit by Mail

Medico Insurance Company
ATTN: Marketing
11808 Grant Street
Omaha, NE 68164