

91 Ua d`Y Agent Weekly Report

Agent Name:

Week Ending Date:

No. of Appointments Set This Week:

No. of Households Seen (detail below):

No. of Households Sold (detail below):

No. of Referrals Rcvd (detail below):

Submit

Life Applications:

A/P:

Annuity/SPL Applications:

A/P:

Notes:

Household #1

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly

Name(s):

Type:

Carrier:

Annual

Name(s):

Type:

Carrier:

Monthly

Name(s):

Type:

Carrier:

Annual

Notes:

Household #2

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly

Name(s):

Type:

Carrier:

Annual

Name(s):

Type:

Carrier:

Monthly

Name(s):

Type:

Carrier:

Annual

Notes:

Household #3

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly

Name(s):

Type:

Carrier:

Annual

Name(s):

Type:

Carrier:

Monthly

Name(s):

Type:

Carrier:

Annual

Notes:

Household #4

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly

Name(s):

Type:

Carrier:

Annual

Name(s):

Type:

Carrier:

Monthly

Name(s):

Type:

Carrier:

Annual

Notes:

Agent Name: Week Ending Date:

Household #5 Appt Date: Lead: Referrals Rcvd: Premium

| | | | | |
|-------------------------------|----------------------------|-------------------------------|----------------|----------------------|
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |

Notes:

Household #6 Appt Date: Lead: Referrals Rcvd: Premium

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|-------------------------------|----------------------------|-------------------------------|----------------|----------------------|
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |

Notes:

Household #7 Appt Date: Lead: Referrals Rcvd: Premium

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|-------------------------------|----------------------------|-------------------------------|----------------|----------------------|
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |

Notes:

Household #8 Appt Date: Lead: Referrals Rcvd: Premium

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|-------------------------------|----------------------------|-------------------------------|----------------|----------------------|
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |

Notes:

Household #9 Appt Date: Lead: Referrals Rcvd: Premium

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|-------------------------------|----------------------------|-------------------------------|----------------|----------------------|
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |
| Name(s): <input type="text"/> | Type: <input type="text"/> | Carrier: <input type="text"/> | Monthly Annual | <input type="text"/> |

Notes:

Addl. Notes: