

Unique Writers Senior Center System Agent Report



Week Ending:

Agent Name:

No. of Facilities Contacted this Week:

No. of Facility Appointments this Week:

No. of Senior Presentations Booked:

No. of Senior Presentations Given:

No. of Leads Received from Seniors:

No. of Appointments Set with Seniors:

No. of Households Seen (detail below):

No. of Households Sold (detail below):

Life/CI/DI Apps:

A/Premium:

Annuity Apps:

A/Premium:

Notes

Household #1 Appt Date:

Referrals Received:

Premium:

Name:

Type:

Carrier:

Monthly
Annual

Name:

Type:

Carrier:

Monthly
Annual

Notes:

Household #2 Appt Date:

Referrals Received:

Premium:

Name:

Type:

Carrier:

Monthly
Annual

Name:

Type:

Carrier:

Monthly
Annual

Notes:

Household #3 Appt Date:

Referrals Received:

Premium:

Name:

Type:

Carrier:

Monthly
Annual

Name:

Type:

Carrier:

Monthly
Annual

Notes:

Household #4 Appt Date:

Referrals Received:

Premium:

Name:

Type:

Carrier:

Monthly
Annual

Name:

Type:

Carrier:

Monthly
Annual

Notes:

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Week Ending:

Agent Name:

(continued)

Household #5	Appt Date: <input type="text"/>	Referrals Received: <input type="text"/>	Premium:
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Notes: <input type="text"/>			

Household #6	Appt Date: <input type="text"/>	Referrals Received: <input type="text"/>	Premium:
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Notes: <input type="text"/>			

Household #7	Appt Date: <input type="text"/>	Referrals Received: <input type="text"/>	Premium:
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Notes: <input type="text"/>			

Household #8	Appt Date: <input type="text"/>	Referrals Received: <input type="text"/>	Premium:
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Notes: <input type="text"/>			

Household #9	Appt Date: <input type="text"/>	Referrals Received: <input type="text"/>	Premium:
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Notes: <input type="text"/>			

Household #10	Appt Date: <input type="text"/>	Referrals Received: <input type="text"/>	Premium:
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Name: <input type="text"/>	Type: <input type="text"/>	Carrier: <input type="text"/>	Monthly Annual <input type="text"/>
Notes: <input type="text"/>			