## **Unique Writers Senior Center System Agent Report**



Week Ending:		Agent Name:			
No. of Facilities Contacted this Week:		No. of Facility	Appointments t	his 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:					
Have all 40 Avri Date		Defends Desert all			
Household #3 Appt Date:	Times	Referrals Received:		Monthly	Premium:
Name:	Type:	Carrier:		Annual Monthly	
Name:	Type:	Carrier:		Annual	
Notes:					
Household #4 Appt Date:		Referrals Received:			Premium:
Name:	Type:	Carrier:		Monthly Annual	
Name:	Type:	Carrier:		Monthly Annual	
Notes:					

## **Unique Writers Senior Center System Agent Report**



Week Ending: (continued)	Agent Name:	
Household #5 Appt Date:	Referrals Received:	Premium:
Name:	Type: Carrier:	Monthly Annual
Name:	Type: Carrier:	Monthly Annual
Notes:		Allitual
Household #6 Appt Date:	Referrals Received:	Premium:
Name:	Type: Carrier:	Monthly Annual
Name:	Type: Carrier:	Monthly Annual
Notes:		
Household #7 Appt Date:	Referrals Received:	Premium:
Name:	Type: Carrier:	Monthly Annual
Name:	Type: Carrier:	Monthly Annual
Notes:		Allinder
Household #8 Appt Date:	Referrals Received:	Premium:
Name:	Type: Carrier:	Monthly
Name:	Type: Carrier:	Annual Monthly
Notes:	, ype.	Annual
Household #9 Appt Date:	Referrals Received:	Premium:
Name:	Type: Carrier:	Monthly Annual
Name:	Type: Carrier:	Monthly Annual
Notes:		
Household #10 Appt Date:	Referrals Received:	Premium:
		Monthly
Name:	Type: Carrier:	
Name:	Type: Carrier: Carrier:	Annual Monthly Annual