

Agent Name:	<input type="text"/>	Week Ending Date:	<input type="text"/>
No. of New Leads Received This Week:	<input type="text"/>	No. of Appointments Set This Week:	<input type="text"/>
No. of Households Seen (detail below):	<input type="text"/>	No. of Households Sold (detail below):	<input type="text"/>
Referrals Received (5% Bonus):	<input type="text"/>	Annuity App Submit/Lead:	<input type="text"/>
		Life App Submit/Lead:	<input type="text"/>

<b>Submit</b> Annuity Applications:	<input type="text"/>	A/P:	<input type="text"/>	Life Applications:	<input type="text"/>	A/P:	<input type="text"/>
-------------------------------------	----------------------	------	----------------------	--------------------	----------------------	------	----------------------

### Facilities Visited This Week

Facility #1 Name:	<input type="text"/>	Date:	<input type="text"/>	Total Leads Received:	<input type="text"/>
Facility #2 Name:	<input type="text"/>	Date:	<input type="text"/>	Total Leads Received:	<input type="text"/>
Facility #3 Name:	<input type="text"/>	Date:	<input type="text"/>	Total Leads Received:	<input type="text"/>
Notes:	<input type="text"/>				

<b>Household #1</b>	Appt Date:	<input type="text"/>	Lead:	<input type="text"/>	Referrals Rcvd:	<input type="text"/>	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:	<input type="text"/>						

<b>Household #2</b>	Appt Date:	<input type="text"/>	Lead:	<input type="text"/>	Referrals Rcvd:	<input type="text"/>	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:	<input type="text"/>						

<b>Household #3</b>	Appt Date:	<input type="text"/>	Lead:	<input type="text"/>	Referrals Rcvd:	<input type="text"/>	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:	<input type="text"/>						

<b>Household #4</b>	Appt Date:	<input type="text"/>	Lead:	<input type="text"/>	Referrals Rcvd:	<input type="text"/>	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:	<input type="text"/>						

Agent Name:

Week Ending Date:

**Household #5**

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Notes:

**Household #6**

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Notes:

**Household #7**

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Notes:

**Household #8**

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Notes:

**Household #9**

Appt Date:

Lead:

Referrals Rcvd:

Premium

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Name(s):

Type:

Carrier:

Monthly Annual

Notes:

Notes: