



\$2,500 + \$500 BONUS* = \$3,000

* Must have a minimum of \$6000 APV issue/Paid to receive bonus



Applications issued outside of A leads

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |



\$6000 in Issue Paid APV



Agents licensed or in licensing class

1. _____
2. _____
3. _____



\$2,500
+ \$500 BONUS*

\$3,000

6 Applications issued outside of A leads

\$6000 in Issue Paid APV

3 Agents licensed or in licensing class



SWAT QUALIFIED

* Must have a minimum of \$6000 APV issue/Paid to receive bonus

TOP 3 RECOMMENDATIONS:

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Client Qualification Form

Name: _____

Name: _____

Birth Date: _____ Age: _____

Birth Date: _____ Age: _____

Mortgage Information

It says here your mortgage amount is \$_____ Was that a **PURCHASE** or **REFINANCE**? (Circle one)
 Do you know what the home is worth? \$_____ Was that on a **15, 20** or **30** yr. term? (Circle one)
 And what is the monthly payment with principle, interest, taxes and insurance altogether? \$_____ (PITI)

So what is your main concern in terms of putting this protection in place for you and your family?

Medical Information

What prescriptions does your doctor currently have you on?

Smoker? Yes / No Height _____ Weight _____

Smoker? Yes / No Height _____ Weight _____

Heart Problems: _____ Year: _____

Heart Problems: _____ Year: _____

High blood pressure: # of Meds: _____

High blood pressure: # of Meds: _____

Stroke: Minor TIA / Major Year: _____

Stroke: Minor TIA / Major Year: _____

Cancer: _____ Year: _____

Cancer: _____ Year: _____

Last cancer treatment date: _____

Last cancer treatment date: _____

Asthma: Mild seasonal / Moderate / Severe

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Ever hospitalized for Asthma? Yes / No

Ever hospitalized for Asthma? Yes / No

Arthritis: Rheumatoid / Osteo. How long: _____

Arthritis: Rheumatoid / Osteo. How long: _____

COPD: Uses oxygen: Yes / No

COPD: Uses oxygen: Yes / No

Diabetes: Type: _____ Medicine / Insulin / Diet

Diabetes: Type: _____ Medicine / Insulin / Diet

Year diabetes was diagnosed: _____

Year diabetes was diagnosed: _____

Major Surgeries: _____ Year: _____

Major Surgeries: _____ Year: _____

Disabled: Age at disability: _____ Reason: _____

Disabled: Age at disability: _____ Reason: _____

Employment: _____ Hrs. _____

Employment: _____ Hrs. _____

Income accustomed to? \$ _____ /Year

Income accustomed to? \$ _____ /Year

Life Insurance? Yes / No \$ _____ Personal / Work

Life Insurance? Yes / No \$ _____ Personal / Work

Appointment Day: _____ Date: _____ Time: _____

Notes: _____



Client Evaluation Form

Relation
to Agent: _____

Agent: _____

Your Name: _____ **Age:** _____ **Circle One:** Married Single

Email: _____ **Phone:** _____

Presentation Made: Check All That Apply.

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Mortgage Protection | <input type="checkbox"/> Mortgage Payment Protection | <input type="checkbox"/> Income Protection | <input type="checkbox"/> Accidental Death | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Living Benefits | <input type="checkbox"/> Personal Pension Program | <input type="checkbox"/> Children's Policies | <input type="checkbox"/> Final Expense | <input type="checkbox"/> Smart Start Program |

Rate Your Experience:

- I'm super excited about the plan presented and I've submitted my application today!
- I am interested in more information about _____.
- I already have coverage in place and have no further concerns about protecting my family and or my income, nor do I have any interest in any other products that you have to offer.

Rate Your Agent:	Highly Agree	Somewhat Agree	Somewhat Disagree	Highly Disagree
My agent was knowledgeable about the products and protection discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My agent listened to my concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My agent shared with me a plan that addressed my concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My agent helped me find a plan that fit within my budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My agent explained the coverage effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd recommend my agent to my family, friends, and co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List 3 people that you feel could benefit from what was shared with you or any of our other products.

1. _____ Number: _____
2. _____ Number: _____
3. _____ Number: _____

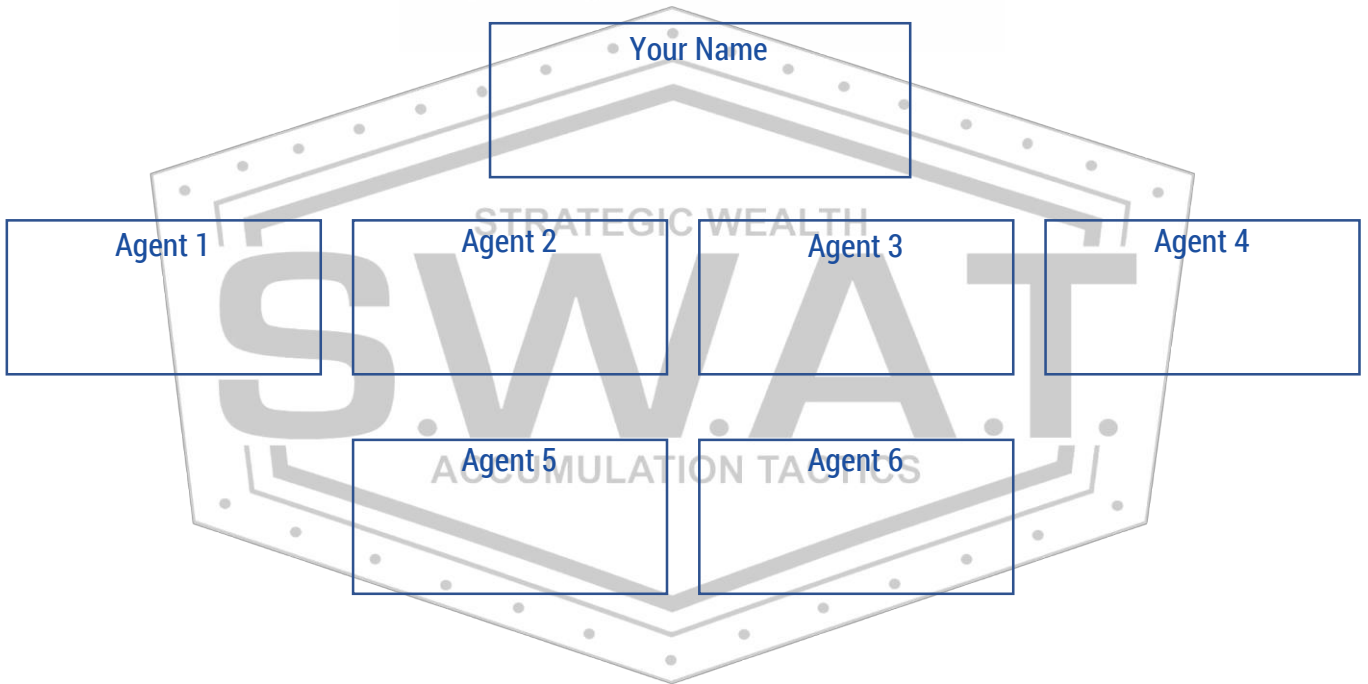
By signing here, I attest that the Agent above shared a presentation on the products marked on this form, and that all the ratings accurately reflect my opinion and evaluation of the Agent's performance.

Signature: _____ Date: _____

Agency Owner Team 2018



\$50,000 A.P.V.



- 60%- Starting Contract (Submitted/Placed)
- 65%- 2 Months \$7,500/\$4,875
- 70%- 2 Months \$10,000/\$6,500
- 75%- 2 Months \$15,000/\$9,750
- 80%- 2 Months \$25,000/\$16,250
- 85%- 2 Months \$50,000/\$32,500

- 1 Final Month of 50K APV to qualify as Agency Owner.