



CLIENT WORKSHEET

SALE OR MISSED SALE

Client Name: _____

Date: _____

SSN: _____

License: _____

Client Information

DoB _____ Age _____ Email _____ Phone Number _____ YES / NO Smoker? _____

Address _____

Primary Beneficiary _____ Relationship _____ Height & Weight _____ Occupation _____

Medical & Policy Information

Health Conditions / Diagnoses:

Existing Policies:

1	Carrier _____	Policy # _____	Type _____
	\$ _____ Coverage Amount	\$ _____ Monthly Premium	_____ Status
2	Carrier _____	Policy # _____	Type _____
	\$ _____ Coverage Amount	\$ _____ Monthly Premium	_____ Status
3	Carrier _____	Policy # _____	Type _____
	\$ _____ Coverage Amount	\$ _____ Monthly Premium	_____ Status

Quote Comparisons

Carrier	Coverage Amount	Monthly Premium	Notes
	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	

Sale

Routing #

Account #

Credit Card Info

Draft Date:

Notes