



Name _____ Week of _____

	Mon	Tues	Wed	Thurs	Fri	Sat
Time Started						
Time Finished						
Door Knock on						
Appointments Set						
Sits						
Full Presentations						
Think about it						
No						
No, Already has Insurance						
Added \$ on who already with Ins						
Not Interested						
No Check Acct						
# Leads Received for the week						
# of Sales						
Annualized \$\$\$						
Referrals Asked						
# Received						
# of Sales						
Annualized \$\$\$						
Total Sales AP						