A SENIOR LIFE INSURANCE COMPANY AGENCY

# Lead Replacement/Credit Form

**Lead Replacement / Credit Guidelines:**

1- Youngest Age on lead is 86+

2- Duplicate (lead received 2x's in 30 days)

3- Current Policy Holder (We will Verify)

4- P.O. Box or No Address (Field Agents Only)

| Lead Type | Name | Ph# | Reason |
|---|---|---|---|
| | | | |
| **Lead Type** | **Name** | **Ph#** | **Reason** |
| | | | |
| **Lead Type** | **Name** | **Ph#** | **Reason** |
| | | | |
| **Lead Type** | **Name** | **Ph#** | **Reason** |
| | | | |
| **Lead Type** | **Name** | **Ph#** | **Reason** |
| | | | |
| **Lead Type** | **Name** | **Ph#** | **Reason** |
| | | | |
| **Lead Type** | **Name** | **Ph#** | **Reason** |
| | | | |

**Agent Name:**_____ **Agent #:** _____

**Please attach a copy of the lead(s) that are listed above and email this to doug@dougblake.com.

**Please note that if you are requesting a lead credit on a lead purchased on "LTW" you must enclose a copy of the receipt emailed to you.