

New Business Turn-In Report

Central Security Life

Western American Life

Agent Number:

Agent Name:

Date:

Applicant's Name	Policy Type (Name of Product)	Mode Premium	Cash Premium Collected	Check Premium Collected	Draft First Premium	Agent's Commission (Not Required)	Net Amount (Not Required)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
Totals							

Agent's Signature

Important Notes:

1. The Agent's Commission and Net Amount columns are for reference only. All premium collected must be remitted to the Company.
2. This form is not required by the Company to submit New Business. It is for your benefit only.