



POLICY SUMMARY

Company Name: _____

Face Amount: _____

Monthly Premium : \$ _____

Today's Date: ____/____/____

Named Insured: _____

Policy #: _____

Effective date: ____/____/____

Type of Plan: Term/ Whole Life/ Term with Return of Premium/ Accidental

The price won't go up and the benefit wont go down.

PLEASE CALL (Name-Phone Number)

WARNING

If another agent tells you that your policy is not exactly what I have shown you today

They are NOT telling you the truth!

My Promise to You and Your Family

- ❖ I will always be available to answer any question you have.
- ❖ I will be here for WHEN something happens.
- ❖ I will always tell you the absolute truth.