



AGENT EVALUATION GUIDE

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AGENT RIDE ALONG

EVALUATING AGENT

AGENT

DATE

CITY

NUMBER OF SITS

NUMBER OF APPS

DELIVERY NOTICES

DOOR KILLS

EVALUATION #

DOOR KNOCK

	GOOD	BETTER	BEST
TAP HORN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMILE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAVE CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNS OF LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APOLOGIZE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“STATE BACKED PLANS”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BODY POSTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CORE

CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCCUPATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECREATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOCKOUTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BODY POSTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FLIP CHART

	GOOD	BETTER	BEST
LOGICAL FLOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GET ALL THE WAY THROUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUSTOMER INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBT/UNCERTAINTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IGNORING OBJECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BODY POSTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIGNITY

DIGNITIES RELATIONSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIGNITIES VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLICY OPTION (LEVEL/MODIFIED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESTABLISH COST OF FUNERAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNDERSTANDING INFLATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK WITHIN BUDGET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASS THE POSSESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MED QUESTIONS

	GOOD	BETTER	BEST
HUMOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOOTH FLOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CELEBRATING THE NO'S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFFIRMING OUR PRODUCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE OF MEDICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNDERSTANDING A DIAGNOSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT VS MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VITALS

BENEFICIARY FIRST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECT ORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFFIRMATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUMOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSUMPTIVENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERVIEW

	GOOD	BETTER	BEST
FAIR CREDIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIPPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRAUD STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRIPT PREP/KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 YEAR HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHAT WHEN WHICH ???	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELECTION TRANSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERVIEWER CHIT CHAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLETING APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CELEBRATION TRANSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COOL DOWN

RECAPPING VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BANK PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPLACEMENT NEEDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPLACEMENT POSSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I AM YOUR AGENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I AM YOUR POLICY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIT CHAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
