



CANCEL / REFUSAL CONFIRMATION

| | |
|---|--|
| COMPANY NAME _____ | APPLICANT _____ |
| COMPANY # _____ POLICY/ FILE # _____ | ADDRESS _____ |
| NAME OF AGENT _____ | CITY _____ STATE _____ |
| DISTRICT/AGENCY _____ | PLACE OF SERVICE: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS |
| | TIME OF SERVICE: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED

Describe Appt. Location (eg. Blue house, white trim): _____

How/when did you confirm appt with applicant? _____

Check the three boxes that apply:

- Applicant does not want the policy and will not complete the examination
 - Applicant wants the policy but chooses to not have exam completed
 - Applicant did not answer door or attempts to reach by phone. No show at door.
-
- EMSI home office has been notified
 - EMSI home office needs to be notified by branch office
-
- Agent has been notified
 - Agent needs to be notified by branch office

Applicant Signature _____ Date _____

Examiner Signature _____ Date _____