



800-852-7152

Consumer Life Quoting

www.WesternLifeQuoter.com

Reimbursement Request Form

Western Marketing will reimburse you for the cost of your annual subscription after you have submitted \$20,000 of issued annualized life and/or final expense premium.

Agent Name: _____

Agent Phone: _____

Agent Email: _____

Agent Mailing Address: _____

Reimbursement Amount Requested: _____

Carriers you are writing business with (so we can verify your production):

Month Qualified: _____

Agent Signature

Date

Return this request form by fax or email to Western Marketing at 888-507-1861 or NewBusiness@wmacorp.com

Policies must be active, and agent must be in good standing in order to receive reimbursement.

Thank you for placing your business with Western Marketing!