Client Focus Connections
241 Market Ave
Port Edwards, WI 54469
Office 877-692-3400 Fax 715-887-4039
Email cfc@wctc.net

_____
_____ Insurance
Address _____
City/State/Zip _____
Office _____ Fax _____
Email _____

Hi, my name is _____ . I'm calling on behalf of _____ with _____ Insurance.

_____ asked me to give you a quick call this evening to let you know that you may be eligible for multiple discounts by insuring your auto and home with us.

_____ would like to offer you a comparison quote to see if we can get you some better rates and coverage's.

YES – Do you know when your auto is up for renewal? (Get rest of info, refer to question sheet) GET DATE OF BIRTH!

NO – Are there any other insurance needs that _____ can help you with at this time?

Thank you and have a good evening.