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.

The reason for the call this evening is to let you know about our youthful driver program for 16 – 24 year olds. _____ Insurance can save you a huge difference in premiums if you qualify for our youth discount.

I just need to gather a little information on your vehicles and the drivers and we can get a free quote prepared for you to review.

What types of vehicles are being driven?
Who are you currently insured with? And the renewal date?
(Get rest of info)

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

Thank you and have a good evening.