

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.

Recently _____ mailed you some important information about providing you with a
free Life Needs Analysis. _____ would evaluate your present life insurance
program and determine if it provides enough for your families future security.

_____ is wondering if he/she can sit down with you to discuss this evaluation with
you?

YES - I'll need to ask just a few preliminary questions for ____.

How many adults and children are in the household?

And the ages of the adults?

Do either of the adults smoke?

When would be a good time for _____ to contact you to set up an appointment?

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

Thank you and have a good evening.