Client Focus Connections
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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 a letter to offer you a free, no obligation Life Insurance Review. This is being offered to you because _____ has experienced a number of situations in the past year where people had very little or no life insurance at all to handle their needs at the time of their loss.

_____ would like to make sure this doesn't happen to you. _____ would like to meet with you so he/she can personally review and asses you life insurance needs to make sure your present and future needs are covered.

When is a good time for _____ to reach you to go over your current coverage's?

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

Thank you and have a good evening.