

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 I'm calling you this evening is to let you know that _____ has
moved to your neighborhood. We are now conveniently located at _____.

_____ would also like to take this opportunity to let you know that if you qualify,
_____ is offering up to a 20% discount on your auto insurance if you insure your
primary residence with us.

_____ would like to offer you a no obligation review and quote for your insurance
as it comes due.

When does your auto insurance renew?
And your home insurance?
(ask rest of questions)

_____ will call you about 30 days prior to the renewal dates to discuss the review
with you.

Thank you and have a nice evening.