

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

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

_____ asked me to call you this evening to confirm that you
received his/her letter dated _____. He/she is most concerned about
your coverage's on your auto and homeowners policies and would like to
meet with you to ensure you have the proper coverage amounts and
necessary endorsements.

When is the best time for _____ to reach you to set up a time to review
your coverage's?

YES- Record best time and try for a daytime phone number.

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

Thank you and have a good evening.

PIR

PIR - mail