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.

We are contacting all of our customers this evening to let you know about _____ new Simplified Term Life Insurance. This policy will protect your loved ones from many different financial hardships that could result in the event of your death. This insurance is quick and easy to apply for.

_____ is wondering if he/she can sit down and discuss this new simplified term life insurance with you?

YES – I'd like to ask a few preliminary questions so _____ can be prepared.
How many adults and children are in the household?
And the ages of the adults?
Do either of the adults smoke?
When is a good time for _____ to reach you?

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

Thank you and have a good evening.