

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 located in _____.

_____ offers a very competitive apartment owners package and would like to offer you a free quote on your income property. Do you know when your insurance is up for renewal?

YES – Get renewal date.
And who are you currently insured with?
When is the best time for _____ to reach you?

NO – Are there any other insurance needs _____ can help you with?

Thank you and have a great day.