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 your agent _____ with _____ Insurance.

_____ asked me to call you this evening to let you know that _____ offers health insurance plans that allow you to choose your own doctors and hospitals.

_____ would like to offer you a free comparison quote for your health insurance.

When would be a good time for _____ to reach you to give you this free quote?

YES – Record time and try to get a daytime number.

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

Thank you and have a good evening.