

Client Contact Sheet

Name of Client: _____

Date Contacted: _____ Appt. Date: _____

Contacted By: _____ Agent: _____

➤ Phone Home: _____
Mobile: _____ OK to text: Y / N

➤ E-mail address: _____

Comments: _____

➤ Primary mode of contact:
_____ e-mail _____ text _____ phone call _____ letter

➤ Emergency contact person (outside household):

Name: _____ Phone: _____

Relationship: _____

Emergency contact person (outside household):

Name: _____ Phone: _____

Relationship: _____

➤ Comments on attitude of person you talked to:

Client Review

- Thank you for your business
- Always looking to help others
- Questions / concerns you have?

- Complete Client Contact Sheet
(if not recently done)

- Complete general questionnaire
- Complete product review forms

- Ask questions
- Focus of review should be educational
- Increase or add coverage to address concerns

- Discuss website services (show if possible)

- Provide list of services
- Educate - referral rewards program
- Ask for referrals
- Use referral assistance forms

General Review

- Do you have insurance plans with another agent?
(multi policy discount) _____ Yes _____ No

- Do you own any type of business? _____ Yes _____ No

- Have you moved or changed jobs recently? _____ Yes _____ No

- What is your family status? _____ Single _____ Married _____ Co-habiting

- Has your family status changed recently?
_____ Marriage _____ Divorce _____ Children _____ Other

- What is your living status? _____ Renting _____ Own _____ Other

- Are you concerned about your health insurance situation?

- Would you like to discuss ideas on how to get higher returns on your savings?

- Do you have any “never money”?

- Are you concerned about your loved ones having financial problems if you (or your spouse) dies?

- Are you concerned about having outdated, inadequate or misunderstood life insurance policies?

- Are you concerned about future nursing home or other long term care expenses?

Auto Coverage Review

Name: _____ Date: _____

Garaging Location: _____

Person Conducting Review: _____

Liability coverage limits ok: Yes _____ No _____

Increased limits offered: Yes _____ No _____

Medical payments increased: Yes _____ No _____

Towing: Yes _____ No _____

Rental reimbursement: Yes _____ No _____

Loan / lease coverage: Yes _____ No _____

Multi policy discount: Yes _____ No _____

All vehicles are legally owned by myself and / or spouse (verses in business name) _____

Listed Drivers:

Include: - all children living in household
- parents living in household
- non-related individuals living in household

Covered Auto:	Comprehensive	Collision	Lien
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information:

Signature

Date

Home Coverage Review

Name: _____ Date: _____

Property Address: _____

Person Conducting Review: _____

Dwelling coverage amount: \$ _____

Coinsurance requirements: _____% OK _____

Increased coverage offered: Yes _____ No _____

Deductible: \$ _____ Increase _____

Earthquake coverage: Yes _____ No _____ _____% Deductible _____

Flood Insurance: Yes _____ No _____

Sewer / drain backup coverage: Yes _____ No _____ \$ _____

Safety changes: Yes _____ No _____

Central Alarm _____ Deadbolt door locks _____

Specific coverage limits discussed: Yes _____ No _____

Add Scheduled Property: Yes _____ No _____

Guns _____ Jewelry _____ Collections or Hobby _____ Other _____

Restricted dog(s): Yes _____ No _____ Breed _____

Pool: Yes _____ No _____ Fenced _____

In-ground _____ Slide _____ Diving Board _____

Trampoline: Yes _____ No _____

Yes or No: RV's _____ PWC _____ Boat _____ 4-wheeler _____ ATV _____

Golf Cart _____ Motor Home _____ Camper _____ Trailer(s) _____

Out Buildings: Yes _____ No _____

New Buildings: Yes _____ No _____

Vacant: Yes _____ No _____

Updates: Yes _____ No _____

Roof _____ **Electric** _____ **Heat** _____ **Plumbing** _____

Additions: Yes _____ No _____

Pet Insurance: Yes _____ No _____

Home Systems Insurance: Yes _____ No _____

Other Home: Yes _____ No _____

Rental Properties: Yes _____ No _____

Other Property (vacant land): Yes _____ No _____

Increased Liability: Yes _____ No _____

Home Based Business: Yes _____ No _____

Additional Information:

Signature

Date