

Sample Client Pre-Qualification Form



Client Name: _____ Age: _____

Spouse Name: _____ Age: _____

Type of Lead: Referral Cold Call Direct Mail Internet

Product of Interest: _____

Current Coverage: _____

Health Conditions: _____

Additional Products of Interest: _____

Level of Interest: Hot Warm Cold

Notes:

Follow Up Date : _____ Time to Call: _____



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(800) 998-7715