

**Sample Lead**

**Subject:** Appt From X-Date For Creative Concepts  
**To:** John Doe (John Doe Agency)  
**Fax:** 800-123-4567  
**Phone:** 800-765-4321  
**From:** John Smith Direct Contact Marketing - 800-233-5277)  
**Date:** 09/01/01

**Call Result: Appt-From X-Date Lead Assigned To: Joe Producer**

**Prospect:** Creative Concepts **Phone:** 123-456-7890  
**Contact:** Jane Smith **Fax:** 098-765-4321  
**Contact 2:** Jim Johnson **Title 1:** HR Manager  
**Address:** 1234 Main Street, Suite 100 **Title 2:** President  
 City, State Zip: Anycity, ST 12345  
  
**Email Address:** JaneSmith@CreativeConcepts.com  
**Web Address:** www.creatlveconcepts.com

Line Of Coverage	X-Date	Carrier
Package:	01/01/02	ABC Insurance Carrier
Workers Comp:	06/01/02	State Fund
Auto	01/01/02	ABC Insurance Carrier
Health:	01/01/02	Health Carrier

**Prospect Information:**

**Incumbent Agency:** AAA Agency

**Current Premium:** 25,000

**Number Of Locations:** 1  
**Number Of Autos:** 2  
**Number Of Employees:** 10

**SIC Code:** 1234-5678

**SIC Desc / Business:** Printing, Publishing

**Appointment Info:** Tuesday, September 11, 2001 at 1:00PM

*Notes:* Current agent hasn't gotten back to him in over a month & they are opening a new location (larger than this one). Please call ASAP!



## Innovative Concepts

200 Stonehinge Lane  
Carle Place, NY 11514

Competitor  
2

Phone (516) 479-2200  
(800) 724-2242  
Fax (516) 479-2215

### Appointment Notification

e-mail or fax to (deleted for confidentiality)

**Producer:** Hold For Producer

**Client:** (deleted for confidentiality)  
**Database Name:** (deleted for confidentiality)  
**Sales Representative:** KDC  
**Date Written:** 12/3/2002

**Contact Name:** (deleted for confidentiality)  
**Title:** Office Manager  
**Company:** (deleted for confidentiality)  
**Address:** (deleted for confidentiality)  
Monrovia, CA 91016

**Telephone Number:** (deleted for confidentiality)  
**Fax Number:** (deleted for confidentiality)  
**Web Address:** (deleted for confidentiality)  
**Email:** not mentioned

**SIC code:** 367901  
**Type of Business:** Electronic Circuits

**Date of Appointment:** 12/18/2002  
**Day of Week:** Wednesday  
**Time:** 11:00am

*\*So that our representative has the correct information to come in better prepared and take up less of your time, may I ask you briefly:*

#### \*\*\*Information Independent of IMR Report\*\*\*

**Ex-Date:** 1/31/2003  
**Carrier:** Hartford  
**Verified # Employees:** 50  
**Verified Total Premium:**

#### \*\*\*Report IMR Information\*\*\*

**# Employees:** 35  
**Approx. Annual Sales:**  
**Approx. Total Annual Premium:**  
**Comm Prop:**  
**General Liability:**  
**Comm Auto:**

#### Comments:

The appointment will take place on Wednesday, December 18, 2002, at 11:00 a. m. The meeting will be with Mr. Carlos Ebro, who is the Controller at {deleted for confidentiality} Mr. Ebro informed me that the renewal dates are January, and February of 2003. They use Hartford as the current carrier. They have one closed claim as per their workers compensation. They have 50 employees at the company. They provide Sound equipment. He would like you to confirm the appointment by phone on Tuesday, December 17, 2002.

**'Your Company' Appointment Lead Sheet:****PROSPECT INFORMATION**

<b>Prospect Name:</b> ABC Company			
<b>Address:</b>		<b>PH:</b>	(555) 555-5555
1111 ABC Company Way		<b>FX:</b>	(555) 555-5000
Somecity, CA 22222-1111		<b>Web:</b>	http://www.abccompany.com
<b>Contact:</b>	<b>Contact Type:</b>	<b>Title:</b>	<b>Email:</b>
John Smith	Decision Maker	President	decisionmaker@abccompany.com
Betty Jean	Contact	Human Resources Manager	contact@abccompany.com

**POLICY INFORMATION**

<b>Liability XD:</b>	10/1/2003	<b>Carrier:</b>	Travelers
<b>Workers Comp XD:</b>	10/1/2003	<b>Carrier:</b>	Travelers
<b>Auto XD:</b>	10/1/2003	<b>Carrier:</b>	Travelers
<b>Health XD:</b>	12/1/2003	<b>Carrier:</b>	Anthem

**AGENCY INFORMATION**

<b>Primary Agency Info:</b>	ABC Insurance Agency
<b>Secondary Agency Info:</b>	MGA Insurance Agency

**VITAL INFORMATION**

<b>No. of Employees:</b>	225	<b>No. of Locations:</b>	4
<b>Emp. Participation:</b>	200		
<b>Emp. Contribution:</b>	Varies		
<b>No. of Autos:</b>	10	<b>Revenue:</b>	\$50,000,000.00
<b>SIC Code:</b>	3479 Metal coating and allied services		

**APPOINTMENT INFORMATION**

<b>Appointment Info:</b>	3/10/2004 1:00:00 PM
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**ADDITIONAL INFORMATION**

<b>Notes:</b>	Contact is Betty Jean. Decision maker is John Smith. The company has 225 employees, 200 currently Participating in plan. Plans vary. Level of interest is 6. Company has 4 locations.  Main priority in switching is if your agency can assist in a workers compensation market.		
<b>Last Called:</b>	3/2/2004	<b>Call Result:</b>	Appointment

**Referral Services**  
**Appointment Confirmation**

Contact \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Company Address W BROOKS AVE  
 City NORTH LAS VEGAS State NV Zip 89030  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

We have scheduled an appointment for you on the date and time listed below. Please call us with any questions at (800) 401-8466

Date: Aug. 29 THURS.  
 Time: 10am

Company Information:

	Renewal Date
W/C <u>Will provide ON Appt</u>	<u>OCT</u>
GLIB _____	_____
Auto _____	_____
Health _____	_____

Number of Locations 1  
 Number of Employees 20-50  
 Number of Autos \_\_\_\_\_  
 Nature of Business TRUCKING CONTRACTOR  
 Current Agency \_\_\_\_\_

Notes: SAID HE WORKS W/A  
 CONTRACTORS LICENSE FOR HIS BUS.



### Commercial Lines Lead Form

Marketing Rep:

Call Date/Time:

<b>Client Information</b> Contact Name/Title: Business Name:			
<b>Qualified Prospect Information:</b> Prospect Name: Decision Maker Name if Different: Business Name: Address: City/State/Zip: Phone: (work) (cell) (fax)			
<b>Renewal Information:</b> Liability Renewal Date: Co: Worker's Comp Renewal Date: Co: Auto Renewal Date: Co: #Autos: Health Renewal Date: Co:			
<b>Lead Details:</b> Current Agency(s)? Number of employees Besides price, is there any other motivator for moving your insurance?			
<b>Comments:</b>  Best time to call:			
<b>Appointment or Lead:</b>		<b>Time:</b>	