Plans for Life, Inc.
Insurance & Business Solutions Group

Customer Survey Form

Name _____ Date _____

Tel _____ Email _____

Individuals, Families, Wise Adults, Business Owners

Please indicate what's important to you, goals, or what you'd like to talk about below

- ☐ Start emergency fund/savings
- ☐ Guarantee my check if not working from accident/sickness
- ☐ Fix my credit
- ☐ Money for college
- ☐ Pay my mortgage or car off if I have a disability or if I've passed away
- ☐ Set up Last Will & Testament
- ☐ Start a retirement plan
- ☐ Start or expand a business
- ☐ Set up Long Term Care insurance
- ☐ Set up Medicare or Medicare Supplmt
- ☐ Set up Dental or Vision Insurance
- ☐ Learn how to setup a budget
- ☐ Save money on Car or Home Insurance
- ☐ Reduce property taxes
- ☐ Insuring my overhead at my business
- ☐ Passing my business from me to my heirs
- ☐ Set up ACA/Obamacare/Health Ins
- ☐ Set up life insurance
- ☐ Set up disability insurance
- ☐ Buy a home or property
- ☐ Make more money / Create 2nd Income

Save money on or buy: (check whichever apply)

☐ RESIDENTIAL ☐ BUSINESS

- ☐ TV SERVICE / SATELLITE
- ☐ INTERNET SERVICE
- ☐ HOME PHONE SERVICE
- ☐ CELL PHONE SERVICE
- ☐ COMPUTER SUPPORT
- ☐ HOME SECURITY OR AUTOMATION
- ☐ ELECTRICITY or GAS
- ☐ CREDIT CARD PROCESSING

Referrals

Name	Tel	Email	Relationship