



CRM Upload Summary Sheet

Internal use: capture key details for quick CRM entry & file indexing.

Client Identifiers

Client Full Name:

Phone:

Email:

City/State/ZIP:

Lead Tracking

Lead Source (IG/FB/Referral/etc.):

Date Lead Received:

Appointment Date/Time:

Current Status (New/Quoted/Applied/Issued):

Carrier/Product (if known):

Suitability Snapshot (Quick Entry)

Coverage Need (Income/Family/Final/Health/etc.):

Budget Range (monthly):

Tobacco (Y/N):

Major Health Notes (high-level):

Agent Notes & Follow-Up

Notes:

Next Follow-Up Date:

Preferred Contact Method:



Client Intake & Pre-Qualification Form

For educational & suitability purposes only. Subject to carrier underwriting. Texas-compliant.

Section 1: Client Information

| | |
|-----------------------|----------------------|
| Full Legal Name: | <input type="text"/> |
| Date of Birth: | <input type="text"/> |
| Phone Number: | <input type="text"/> |
| Email Address: | <input type="text"/> |
| City, State, ZIP: | <input type="text"/> |
| Marital Status: | <input type="text"/> |
| Number of Dependents: | <input type="text"/> |

Section 2: Coverage Interest & Intent

| | |
|--------------------------------------|----------------------|
| Type(s) of Coverage Interested In: | <input type="text"/> |
| Primary Reason for Seeking Coverage: | <input type="text"/> |
| Desired Start Timeframe: | <input type="text"/> |
| Previously Owned Insurance? Explain: | <input type="text"/> |

Section 3: Budget & Affordability (Suitability)

Comfortable Monthly Premium Range:

Preferred Payment Frequency:

Affordable Long-Term? (Yes/No):

Section 4: Health & Eligibility (High-Level)

Major Medical Conditions (Past 5–10 Years):

Current Prescription Medications:

Recent Hospitalizations / Surgeries:

Tobacco / Nicotine Use (Yes/No):

Section 5: Understanding & Acknowledgments

Carrier determines approval & pricing (Yes/No):

Information provided is accurate (Yes/No):

Preferred Contact Method:

Client Signature:

Date:



Client Acknowledgment & Disclosure

Please review and acknowledge the following:

1. I understand the insurance agent/broker does not provide legal, tax, or investment advice.
2. I understand all insurance products discussed are subject to carrier underwriting approval.
3. I understand quotes are estimates and may change based on underwriting review.
4. I understand submitting an application does not guarantee coverage.
5. Coverage begins only after policy issuance and initial premium payment.
6. I confirm information provided is accurate to the best of my knowledge.
7. I had the opportunity to ask questions and receive explanations.
8. I consent to contact via phone, text, and email regarding my policy.

Client Full Legal Name:

Client Signature:

Date: