



# NORTHFIELD

*Commercial and Health Insurance Leads*  
*Pay Per Lead. Pay Per Appointment. No Upfront Fees!*

## Health Insurance Lead Form

Marketing Rep:

Call Date/Time:

<b>Client Information</b> Contact Name/Title: Business Name: Address: City/State/Zip: Phone: Email:	
<b>Qualified Prospect Information:</b> Prospect Name: Decision Maker Name: Other decision makers: Address: City/State/Zip: Phone: (work) (cell) (fax) Email: Web URL:	
<b>Renewal Information:</b> Health Insurance Renewal Date: Carrier: Agent/Agency Other Health Insurance Renewal Date: Carrier: Agent/Agency:	
<b>Lead Details:</b> Number of employees to be covered? _____  What is your estimated monthly premium?  What would make you change from your current agent?	
<b>Comments:</b> Best time to call:	
<b>Appointment or Lead:</b>	<b>Time:</b>