**Risk Specific Fact Find**

**Restaurant & Tavern**

**Date Completed: Account Executive:**

**Full Legal Name of Applicant:**

**DBA:**

**Mailing Address:**

**City: State: Zip:**

**Business Phone: Fax: Owner’s Phone:**

**Primary Email: Website:**

**BUSINESS INFORMATION:**

**Applicant is a: ( ) Corporation ( ) Partnership ( ) Individual ( ) LLC ( ) Other**

**Applicant is a: ( ) Restaurant ( ) Diner ( ) Bar/Tavern ( ) Night Club ( ) Banquet Hall**

**( ) Comedy Club ( ) Adult Entertainment ( ) Catering Off Premises ( ) Karaoke Bar**

**( ) Banquet Hall ( ) Disco ( ) Other:**

**Years in business: If Less Then 3yrs Prev Experience:**

**Tax ID/SSN Liquor License State/#**

**Business Hours: CPA: Phone:**

**MAJOR CONCERNS OF APPLICANT:**

* In Selecting An Insurance Program, What Are Your Major Concerns?
* Where Is Your Current Insurance Placed?
* Why Did You Select Them?
* Have They Lived Up to Your Expectations?
* Price Aside, Do You Have Any Concerns About Your Current Coverage?
* How Will You Select an Insurance Professional and Program?
* How Would You Rate Your Current Agency Service? ( ) Poor ( ) Fair ( ) Average ( ) Good ( ) Superior

**Risk Specific Fact Find**

**Restaurant & Tavern *continued***

**PROPERTY SECTION - Coverage & Underwriting Information:**

**Physical Address:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items:**  **Building**  **Leasehold Improvements**  **Furniture & Fixtures**  **Kitchen Equipment**  **Installed Bar & Back Bar**  **Inventory / Food**  **Liquor**  **Computer / Phone Systems**  **Automated Bar System**  **Audio/Video/Lighting Equip.**  **Exterior Signs**  **Exterior Furniture**  **Leased Equipment**  **TOTAL:** | **Needed:**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$** | **Current:**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_**  **$** | **Recovery Required:**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated**  **( ) Replacement ( ) Depreciated** | **Deductible:**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_** |

**Full Annual Loss of Income Formula: *Two Methods to Determine Needs....***

|  |  |
| --- | --- |
| **METHOD ONE** | **METHOD TWO** |
|  |  |
| Annual Gross Sales: $ \_\_\_\_\_\_\_\_\_ | Annual Pre Tax Profit: $ \_\_\_\_\_\_\_\_\_ |
|  |  |
| Less Annual Cost of Goods $ \_\_\_\_\_\_\_\_ | Plus Expenses That Would Continue $ \_\_\_\_\_\_\_\_ |
|  |  |
| Less Annual Expenses That Would Not Continue $ \_\_\_\_\_\_\_\_ | Plus Payroll That Would Continue $ \_\_\_\_\_\_\_\_ |
|  |  |
| Less Annual Payroll That Would Not Continue $ \_\_\_\_\_\_\_\_ |  |
|  |  |
| **Net Loss Of Income: $ \_\_\_\_\_\_\_\_\_** | **Net Loss Of Income: $ \_\_\_\_\_\_\_\_\_** |

**Limited Loss of Income Formula: *Alternative Methods to Determine Needs....***

**A. Three Equal Monthly Payments at 33% of Total Total: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B. Four Equal Monthly Payments at 25% of Total: Total: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Risk Specific Fact Find**

**Restaurant & Tavern *continued***

**PROPERTY SECTION - Coverage & Underwriting Information continued:**

**Miscellaneous Property Issues:**

**Plate Glass Coverage: ( ) Yes ( ) No** If yes: Linear Feet of glass:

**Hold Up (Money & Securities): ( ) Yes ( ) No** If yes: Amount On Prem $ Off Prem $

**Employee Theft: ( ) Yes ( ) No** If yes: Number of Employees

**Transportation Of Contents ( ) Yes ( ) No** If yes: Amount of Coverage Per Vehicle $

**Back Up Of Sewers & Drains: ( ) Yes ( ) No** If yes: Value Of Contents In Basement Area $

**Earthquake: ( ) Yes ( ) No** If yes: Complete Supplemental Application

**Flood: ( ) Yes ( ) No** If yes: Complete Federal Flood Application

**Food Spoilage: ( ) Yes ( ) No** If yes: Value of Stock/Liquor On Site: $

**Systems Breakdown: ( ) Yes ( ) No** If yes: ( ) Air Conditioning ( ) Pressure Boiler

**Fine Arts: ( ) Yes ( ) No** If yes: Submit Schedule Of Items

**Physical Plant Information:**

**Year Built**: **Number of Stories** **Apts in Building?** ( ) Yes ( ) No **Basement** ( ) Yes ( ) No

**Construction Type**: ( ) Frame ( ) Masonry-*Wood Roof & Floors* ( ) Masonry-*Concrete & Steel Roof/Floors* ( ) Metal ( ) Fire Resist.

**Total Area**: *\_\_\_\_\_\_\_sq ft*. **Kitchen Area**: *\_\_\_\_\_\_\_sq ft*. **Dining Room Area:** *\_\_\_\_\_sq ft*. **Bar Area:** *\_\_\_\_\_\_sq ft.*

**Patio Area \_\_\_\_\_\_\_\_\_\_***sq ft* **# of Fire Extinguishers \_\_\_\_ Sprinkler System:** ( ) Yes ( ) No **Test Date:** *\_\_\_\_\_\_*

**Full Hood & Duct System ( ) Ansul System** ( ) Wet ( ) Dry ( ) **Central Station Burglary ( ) Central Station Fire Alarm ( )**

**Cooking Devices**: ( ) Grill ( ) Deep Fryer ( ) Broiler ( ) Range/Oven **Fryer Auto Shut Off ( ) Fuel:** ( ) Gas ( ) Electric

**Hood/Filter Cleaning** ( ) Weekly ( ) Monthly ( ) Quarterly ( ) Semi -annual ( ) Under contract

**Diagram (Blue Print) of Property**

|  |
| --- |
|  |

**Risk Specific Fact Find**

**Restaurant & Tavern *continued***

**Liability (Law Suit Protection) - Coverage & Underwriting Information:**

* **PRIMARY LIABILITY**

|  |  |  |
| --- | --- | --- |
| **Amount of Protection**  **Combined Single Limit of Protection**  **Split Limits of Protection** | **Required**  **( ) $300,000 ( ) $500,000 ( ) $1 Mil**  **( )$100,000 /Occ $300,000 / yr.**  **( )$300,000 /Occ $500,000 / yr.**  **( )$1 Mil /Occ $2 Mil / yr.** | **Currently Carried**  **( ) $300,000 ( ) $500,000 ( ) $1 Mil**  **( )$100,000 /Occ $300,000 / yr.**  **( )$300,000 /Occ $500,000 / yr.**  **( )$1 Mil /Occ $2 Mil / yr.** |

* **LIQUOR LAW LEGAL LIABILITY**

|  |  |  |
| --- | --- | --- |
| **Amount of Protection**  **Combined Single Limit of Protection**  **Split Limits of Protection** | **Required**  **( ) $300,000 ( ) $500,000 ( ) $1 Mil**  **( )$100,000 /Occ $300,000 / yr.**  **( )$300,000 /Occ $500,000 / yr.**  **( )$1 Mil /Occ $2 Mil / yr.** | **Currently Carried**  **( ) $300,000 ( ) $500,000 ( ) $1 Mil**  **( )$100,000 /Occ $300,000 / yr.**  **( )$300,000 /Occ $500,000 / yr.**  **( )$1 Mil /Occ $2 Mil / yr.** |

* **OTHER CONSIDERATIONS**

|  |  |  |
| --- | --- | --- |
| **Protection Issues**  **Deductible on Primary Liability**  **Deductible on Liquor Liability**  **Assault & Battery On Primary**  **Assault & Battery On Liquor Legal** | **Required**  **$\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_**  **( ) Yes ( ) No**  **( ) Yes ( ) No** | **Current Program**  **$\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_**  **( ) Yes ( ) No**  **( ) Yes ( ) No** |

* **UMBRELLA - EXCESS LIABILITY**

**Limits Requested: ( ) $ 1,000,000 Per Occ $ 1,000,000 Aggregate $10,000 Retention**

**( ) $ 2,000,000 Per Occ $ 2,000,000 Aggregate $10,000 Retention**

* **HIRED & NON-OWNED AUTOMOBILE**

**Limits Requested: ( ) $ 1,000,000 Per Occ $ 1,000,000 Aggregate $10,000 Retention**

**Considerations: Number of Employees: \_\_\_\_\_\_\_\_ Any Owned Vehicles? ( ) Yes\* ( ) No**

**\* If “Yes” – Complete Business Auto Application**

**Risk Specific Fact Find**

**Restaurant & Tavern *continued***

**Liability (Law Suit Protection) - Coverage & Underwriting Information:**

**GENERAL INFORMATION**

**Total Sales: $ Food Sales: $ Liquor Sales: $ Other: $**

**Number of Bars On Premises: \_\_\_\_\_\_\_ Liquor Training Given: ( ) No ( ) Yes If yes describe:**

**Maximum Permitted Occupancy**

**Hours of Operation:**

Opening: Weekdays: \_\_\_\_\_\_\_\_\_\_\_\_ Weekends: \_\_\_\_\_\_\_\_\_\_\_\_

Closing: Weekdays: \_\_\_\_\_\_\_\_\_\_\_\_ Weekends: \_\_\_\_\_\_\_\_\_\_\_\_

**Dancing**: ( ) Yes ( ) No If yes: size of dance floor: \_\_\_\_\_\_\_\_ sq feet

**Entertainment**: ( ) Yes ( ) No Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Nights \_\_\_\_\_\_

**Security/Bouncers**: ( ) Yes ( ) No If yes: Number \_\_\_\_\_ ( )Employees ( ) Sub Contracted  
 Armed ( ) Yes ( ) No  
 Certificate from Subcontractor? ( ) Yes ( ) No

**Bartenders**: ( ) Yes ( ) No If yes: Number \_\_\_\_Full Time/ Number \_\_\_\_Part Time

**Waiters**: ( ) Yes ( ) No If yes: Number \_\_\_\_ Full Time/ Number \_\_\_\_Part Time

**Happy Hour/  
Drink Specials**: ( ) Yes ( ) No If yes: describe -

**License ever suspended**: ( ) Yes ( ) No If yes: describe -

**Off Premises Parking**: ( ) Yes ( ) No If yes: describe -

**On Premise Parking**: ( ) Yes ( ) No If yes: # of Spaces \_\_\_\_\_\_\_\_\_\_\_ Parking Area \_\_\_\_\_\_\_

**Valet Parking**: ( ) Yes ( ) No If yes: Number \_\_\_\_ Full Time/ Number \_\_\_\_Part Time

**Pool Table(s)**: ( ) Yes ( ) No If yes: Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Devices:** ( ) Yes ( ) No If yes: please describe

**Patio Area:** ( ) Yes ( ) No If yes: permit required ( ) Yes ( ) No

**Risk Specific Fact Find**

**Restaurant & Tavern *continued***

**WORKERS COMPENSATION - Coverage & Underwriting Information:**

* **GENERAL INFORMATION CORPORATE OFFICERS:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **POSITION** | **INCLUDE OR EXCLUDE FOR WC** |
|  |  |  |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |

* **PAYROLL INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POSITION** | **STRAIGHT TIME PAYROLL** | **OVERTIME PAYROLL** | **NUMBER FULL TIME STAFF** | **NUMBER PART TIME STAFF** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Executive Officers 8809** | **$** | **$** |  |  |
| **Clerical 9079** | **$** | **$** |  |  |
| **Bar Staff 9079** | **$** | **$** |  |  |
| **Kitchen Staff 9079** | **$** | **$** |  |  |
| **Wait Staff 9079** | **$** | **$** |  |  |

**Written Safety Program** ( ) Yes ( ) No **Health Insurance for workers** ( ) Yes ( ) No

**Vacation Paid** ( ) Yes ( ) No **Sick Time Paid** ( ) Yes ( ) No

**Risk Specific Fact Find**

**Restaurant & Tavern *continued***

**GENERAL ACCOUNT INFORMATION:**

**Current Liability Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_**

**Current LLL Liab Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_**

**Current Property Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_**

**Current Work Comp Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_**

**Premium & Loss Information *( Required For Underwriting & Experience Rating)***

**20\_\_\_\_: Total Package Premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**Total Liability Premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**Total Liquor Liab Prem $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**20\_\_\_\_: Total Package Premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**Total Liability Premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**Total Liquor Liab Prem $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Losses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe on Reverse**

**Required Information:**

* ***In order to be considered for this program the following information must be attached with this application.***

**( ) Copy of Current Insurance Contracts**

**( ) Hard Copy Loss Information For Prior 3 years**

**( ) Financial Information**

**( ) Bar Customers Written Procedures**

**Fraud Statement:** Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

**Applicant’s Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization of agreement to bind the insurance. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**Applicant’s Signature: Date:**

**Name: Applicant’s Title:**

**Diagnostic Appointment**

**Questionnaire – Life and Health**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client’s Name

Client’s Address:

Client’s Phones: his wk. \_\_\_\_\_\_\_\_\_\_ her wk. \_\_\_\_\_\_\_\_\_\_ home

**I. Overview**

1. What do you consider to be your most important financial goals?

2. Who is dependent upon you for their financial support?

3. Who handles your insurance now? Why did you select them? How long have they been your agent?

Have they lived up to your expectations?

Have you had any problems? Is so, how were they handled?

**II. Education**

1. How do you feel about providing for your children’s (or others) education? Name of college, inflation rate, years in college, percent you want to pay?

2. What plans have you made to provide for this education? (UGMA, life insurance, gifts by parents, etc.)

**III. Estate Plans and Disability**

1. Do you have a will? Yes No Date\_\_/\_\_/\_\_ In what state was it drawn?

Do you have a will? Yes No Date\_\_/\_\_/\_\_ In what state was it drawn?

2. Do you expect any inheritances? Do you foresee your future estate being such size that your heirs will have to pay estate tax? Is so, what percentage is to go to the government? What percentage is to go to your heirs?

3. How long could you continue your present lifestyle on your saving and investments if you (or your spouse) lost your income due to sickness or accident?

**IV. Retirements and Investments**

1. What plans have you made for retirement?

2. How much monthly income (in today’s dollars) would you want for you retirement?

3. How much risk would you accept for the chance of a better return on your money?

4. When investing money, rank the following concerns in order of importance from highest (1) to lowest (5).

Safety \_\_\_\_\_Growth \_\_\_\_\_\_Yield \_\_\_\_\_\_Liquidity \_\_\_\_\_\_Tax Sheltered \_\_\_\_\_\_

|  |  |
| --- | --- |
| Rank the following as to their importance for you and your family today?  \_\_\_\_\_ Estate planning  \_\_\_\_\_ Income protection  \_\_\_\_\_ Life insurance  \_\_\_\_\_ Investments  \_\_\_\_\_ Retirement planning  \_\_\_\_\_ Wills or trusts | Other products that might be of interest to you or a relative (parent, in-laws, sibling, etc.):  \_\_\_\_\_ Annuities  \_\_\_\_\_ Auto Insurance  \_\_\_\_\_ Business Insurance  \_\_\_\_\_ Homeowners insurance  \_\_\_\_\_ Long term care  \_\_\_\_\_ MediGap Supplement |

Observations and remarks:

**Personal Information and Insurance**

**Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Age** | **Health/Tobacco** | **Occupation/ Firm/ Income** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Life Insurance**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Ins. Co.** | **Type** | **Amt** | **Cash Value** | **Beneficiary** | **Owner** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Disability Insurance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Ins. Co** | **Yr. Issued** | **Mo. Benefit** | **Waiting Period** | **Benefit Period** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Other Assets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Liquid Value  Client Spouse | | Income Producing  Client Spouse | |
| Real Estate (other than home) |  |  |  |  |
| Business interest |  |  |  |  |
| Stocks/ bonds / mutual funds |  |  |  |  |
| Savings (money mkt, CDs, etc.) |  |  |  |  |
| Other |  |  |  |  |
| **Total** |  |  |  |  |

Systematic savings per month? \_\_\_\_ How and when? \_\_\_\_\_ The value of your residence? \_\_\_\_\_

Your monthly payment? \_\_\_ Years remaining? \_\_\_ Views concerning paying it off? \_\_\_

|  |  |  |
| --- | --- | --- |
| Liquid Value | Client  $ | Spouse  $ |
| Life Insurance | $ | $ |
| Total Liquid Assets | $ | $ |

**Basic Assumptions**

What would you consider a reasonable, long term rate of return on your money, net after taxes?\_\_\_\_%

What is your current income tax bracket?\_\_\_\_\_\_%

What is your best estimate for the average rate of inflation for the next 10 years?\_\_\_\_\_\_%

At what age do you plan to fully retire?\_\_\_\_\_\_ Your spouse?\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **… at death**  What is the minimum annual income your spouse would need while the children are at home? | Client \_\_\_\_\_\_\_\_\_\_\_  A. $ | Spouse \_\_\_\_\_\_\_\_\_  $ |
| And thereafter for life for him or her? | B. $ | $ |
| Final expenses? | C. $ | $ |

|  |  |  |
| --- | --- | --- |
| **… at retirement**  What is the minimum annual income you would need for a comfortable retirement? | Combined Income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| How much annual retirement income do you expect to receive from your current retirement? | $ | $ |

|  |  |  |
| --- | --- | --- |
| **… if disabled**  What is the minimum monthly income needed if you lost your income due to a sickness or injury? | $ | $ |

**Referrals (non-optional)**

Name, address, phone, occupation

Name, address, phone, occupation

Name, address, phone, occupation

Name, address, phone, occupation

**Notes**

**Diagnostic Appointment**

**Questionnaire – Company**

**Date:**

**Completed by:**

**Prospect Name:**

**Contact Person:**

1. Give me a little history concerning your Agency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. When you decide to attack a niche market, what’s important to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. When you decided to use these companies, what did they offer that made you want to do business with them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Who are your current top five P&C carriers? How long have you represented them?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What percent of your business is personal lines? Where do you currently place your personal lines of business?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6. Have you been satisfied with their (our) performance?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Other than competitive pricing, what could I do to earn more of your business?

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8. Assuming we could provide all of the benefits / markets / services, etc., that we have discussed, is there any reason that you would not place more business with us?

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9. Who should I spend time with to explain our products and services?

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10. We have discussed a fair number of issues, including…I guess the question I have is where do we go from here?

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Personality Style: P P F T

**The Diagnostic Appointment:**

**Build Rapport**

# Reading Your Selling Style: Profile

In each of the 10 situations listed, circle the *one* phrase that most describes you. Then circle the *one* phrase that least describes you from the remaining three choices. When finished, you should have only 20 letters circled.

Profile Response Questions

|  |  |
| --- | --- |
|  |  |
| Most Least  ***1. When speaking in a sales situation, I …***  ♦ am soft spoken **C A**  ♦ speak loudly **B D**  ♦ speak self-assuredly **A C**  ♦ speak unemotionally **D B**  ***2. When speaking in a sales situation, I…***  ♦ use a calm, friendly tone **C A**  ♦ speak rapidly **B C**  ♦ cut off small talk **D B**  ♦ try to control the **A D**   conversation  ***3. When listening to a prospect, I…***  ♦ answer very quickly **A C**  ♦ am receptive & friendly **C A**  ♦ am lively & respond **B D**   energetically  ♦ am very attentive **D B**  to what others say  ***4. When questioning a prospect, I…***  ♦ inquire about feelings **B D**  ♦ seek key facts **A B**  ♦ seek more information **D C**  ♦ ask “how to” questions **C A**  ***5. When observing my physical behavior during a sale, I notice that I…***  ♦ pace or move around a lot **A C**  ♦ gesture a lot with my hands **B D**  ♦ am more reserved **D B**  in expressions  ♦ maintain friendly **C A**  eye contact | **Most Least**  ***6. In general, when I respond to people   and events, I…***  ♦ am enthusiastic **B D**  ♦ am relaxed **C A**  ♦ am restless **A C**  ♦ keep my distance **D B**  ***7. When observing my interaction   with others, I notice that I…***  ♦ am friendly **C A**  ♦ observe without interrupting **D B**  ♦ try to take charge **A C**  ♦ express feelings openly **B D**  ***8. When I respond to tasks or   relationships, I…***  ♦ am spontaneous **B D**  ♦ draw quick conclusions **A C**  ♦ respond cautiously **D B**  ♦ am cooperative & systematic **C A**  ***9. When responding to stressful   sales situations, I typically…***  ♦ react in an aggressive manner **A C**  ♦ tend to talk more **B D**  ♦ maintain my composure **C A**  ♦ become critical **D B**  ***10.When addressing new sales & client***  ***situations, I usually…***  ♦ design procedures to follow **D B**  ♦ look upon it as a challenge **A C**  ♦ find something positive **B D**  to address  ♦ approach it carefully **C A** |

**The Diagnostic Appointment:**

**Build Rapport**

**Reading Your Prospects Buying Style: Profile**

**Step 1:** Determine the client you wish to profile. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 2:** Think of this person in a specific situation that relates to your selling goal. In the space that follows write in the situation you’re focusing on: \_\_\_\_\_\_\_\_

Step 3: In each of the 10 situations listed, circle the *one* phrase that most describes the client. Then circle the *one* phrase that least describes the client from the remaining three choices. When finished, you should have only 20 letters circled.

|  |  |
| --- | --- |
| Most Least  ***1. When speaking to me, the prospect***  ♦ is soft spoken **C A**  ♦ speaks loudly **B D**  ♦ speaks self-assuredly **A C**  ♦ speaks unemotionally **D B**  ***2. When speaking to me, the prospect***  ♦ uses a calm, friendly tone **C A**  ♦ speaks rapidly **B C**  ♦ cuts off small talk **D B**  ♦ tries to control the **A D**   conversation  ***3. When listening, the prospect seems to***  ♦ answer very quickly **A C**  ♦ is receptive & friendly **C A**  ♦ is lively & responds **B D**   energetically  ♦ is very attentive **D B**  to what others say  ***4. When questioning me, the prospect***  ♦ inquires about feelings **B D**  ♦ seeks key facts **A B**  ♦ seeks more information **D C**  ♦ asks “how to” questions **C A**  ***5. When observing the physical behavior of the prospect, I notice the he/she***  ♦ paces or move around a lot **A C**  ♦ gestures a lot with their hands **B D**  ♦ is more reserved **D B**  in expressions  ♦ maintains friendly **C A**  eye contact | **Most Least**  ***6. In general, when responding the prospect  seems …***  ♦ enthusiastic **B D**  ♦ relaxed **C A**  ♦ restless **A C**  ♦ keeps a distance **D B**  ***7. When observing an interaction   with others, I notice that the prospect***  ♦ is friendly **C A**  ♦ observes without interrupting **D B**  ♦ tries to take charge **A C**  ♦ expresses feelings openly **B D**  ***8. When responding to tasks or   relationships, the prospect***  ♦ is spontaneous **B D**  ♦ draws quick conclusions **A C**  ♦ responds cautiously **D B**  ♦ is cooperative & systematic **C A**  ***9. When responding to stressful   sales situations, the prospect…***  ♦ reacts in an aggressive manner **A C**  ♦ tends to talk more **B D**  ♦ maintains composure **C A**  ♦ becomes critical **D B**  ***10. When addressing new situations,   this person usually…***  ♦ designs procedures to follow **D B**  ♦ looks upon it as a challenge **A C**  ♦ finds something positive **B D**  to address  ♦ approaches it carefully **C A** |

## Communication Skills:

## Dealing with Objections

**Feeling Words (When in doubt, use *concerned*)**

**Depression Adequacy Inadequacy**

Lonely Competent Embarrassed

Depressed Confident Ashamed

Lost Determined Humiliated

Empty Proud Guilty

Discouraged Fulfilled Insecure

Rejected Capable Ignored

Helpless Needed Neglected

Disappointed Secure Doubtful

Hurt Important Unimportant

Crushed Appreciated Regretful

Drained Unsure

Vulnerable **Frustration** Intimidated

Used Blocked Uncertain

Confused Trapped Left Out

Bored Burdened Unappreciated

Shy Smothered

Abused Overwhelmed **Anger**

Down Frustrated Mad

Sad Torn Angry

Driven Hostile

**Happiness** Exasperated Furious

Happy Hate

Amused **Fear, Anxiety** Bitter

Delighted Panicky Irritated

Pleased Frightened Resentful

Cheerful Anxious Jealous

Grateful Threatened Envious

Surprised Scared Disgusted

Relieved Worried Cheated

Hopeful Agitated

**Taking it to the Street:**

**Personal Action Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item / Task** | **Priority 1-10** | **Start Date** | **Habit Date** | **Monitoring** |
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| 20. |  |  |  |  |

**Taking it to the Street:**

**Personal Action Plan**

♦ Develop Game Book by

♦ Establish time management goals

♦ Review one key area weekly

♦ Devote 15 minutes each day to planning (Mental Rehearsal)

♦ **Write** my goals by

♦ Establish my key numbers by

• Activity • New

• Commission • Renewal

• Account • Development

♦ Write out most common objections / answers

♦ Tapes / books / courses for positive mental attitude

♦ Go out with someone / observer

♦ Network – call each other

♦ Make a commitment for **change!**

**Future Activities**

|  |  |
| --- | --- |
| **Prospects to Call On:** | **To Do:** |
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**Game Book**

**Planning / Evaluation Form**

Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Approach Information: What do I need to know that will help formulate my Action Plan:

About this company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This industry? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective: What do I want to accomplish in this contact?

* Lower Defensive Barriers
* Establish Rapport
* Establish Expertise

Buyer Style: P P F T

|  |  |
| --- | --- |
| Sales Action Plan | Self Evaluation |
| Step One | How did I do? |
| **Approach:**  How will I lower defense barriers and establish rapport? | **Approach:**  1 2 3 4 5 6 7 8 9 10 |
| **Positioning Statement / BFC:**  How will I establish expertise and build interest? | **Positioning:**  1 2 3 4 5 6 7 8 9 10 |
| **Determine Buyer Motivations:**  What questions will I ask to determine needs and motives?  Use of DAQ? | **Buyer Motivation:**  1 2 3 4 5 6 7 8 9 10 |

|  |  |
| --- | --- |
| **SALES ACTION PLAN** | **SELF-EVALUATION** |
| Step Two | How did I do? |
| **Protection Review:**  Build Rapport. Use Customized Risk Surveys. Reach agreement on areas needing fixing. Define Pains. Outline Contract Up-Front / Confirm Contract in writing. | **Protection Review:**  1 2 3 4 5 6 7 8 9 10 |
| Step Three | How did I do? |
| **Presentation of Solutions:**  How will I establish expertise and build interest? | **Presentation of Solutions:**  1 2 3 4 5 6 7 8 9 10 |
| **Action Closing:**  How will I close to create an action situation? | **Action Closing:**  1 2 3 4 5 6 7 8 9 10 |
| **Objections:**  What objections should I anticipate and how will I answer them? | **Objections:**  1 2 3 4 5 6 7 8 9 10 |
| **Post Sale:**  Deal with buyer’s remorse NOW! Create Post Sale Action Plan. Obtain Referrals. | **Post Sale:**  1 2 3 4 5 6 7 8 9 10 |
| **Learning Experience:**  What did I learn that I can use in future contacts? |  |

**Recommended**

**Reading List**

**Recommended Reading and**

**Reinforcement List**

Anderson, Chris; *The Long Tail: Why the Future of Business is Selling Less of More,* Hyperion, 2008

“This book explains how technology has changed economics of ‘hits’ vs. ‘niches’, as well as the real power of online niche marketing.” William J. Hold CISR

Beckwith, Harry, *Selling the Invisible: A Field Guide to Modern Marketing***,** Time-Warner Books, 1999

“A quick read of sales tips on how to sell a service versus a tangible product.  Great advice to follow for anyone who’s trying to establish a brand and create a process to get prospects to move.”

Fritz Koehler CIC, CRM

Blanchard, Kenneth H. and Bowles: Sheldon, *Raving Fans: Revolutionary Approach to Customer Service.* William Morrow and Company, 1998

“Create world-class customer performance and turn clients into raving fans of your business.”

Tom Barrett CIC, AAI

Buckingham, Marcus and Clifton, Donald G., *Now Discover Your Strength*, Simon and Schuster, 2001

“Increase productivity by focusing on you and your employees’ strengths.” Jack Burke

Clason, George S., *The Richest Man in Babylon,* Best Success Books, 2007

“Reinforces the attitudes and ethics necessary to succeed.” Jack Burke

Collins, Jim, *Good to Great,* Harper Collins, 2001

“Get the right employees in the right seats in your agency to win.” Tom Barrett CIC, AAI

“Must read for every business owner and manager.” Jack Burke

Covey, Stephen, *The Seven Habits of Highly Effective People*, Simon and Schuster, 1991

“Hardwire habits and skills necessary to win. Great information on listening to understand, not merely to respond. Every selling professional should read this book.” Ed Lamont CIC, CRM

Daley, Kevin and Wolfe, Emmitt, *Socratic Selling Skills: How to Ask the Questions That Get the Sale,*McGraw-Hill, 2008

“A GREAT book on how to sell by asking questions and letting prospects lead themselves to the right conclusion about you, your company, and your service.  The focus is on establishing relationships and positioning yourself as a professional.” Fritz Koehler CIC, CRM

Ferrazzi, Keith and Raz, Tahl, *Never Eat Alone,* Random House/Doubleday, 2005

“Networking is critical to a salesperson. Yet most agents don’t know how to do it successfully.  This book gives valuable insight in how to network successfully and correctly.” Joan Sansing CIC, ARM, AAI

Gerber, Michael, *The “E” Myth*, Ballinger Publishing 1986

“Understand that if agency owners are technicians, not entrepreneurs, they are in the wrong business. We need entrepreneurs not order takers.” Tom Barrett CIC, AAI

Heiman, Stephen E. & Sanchez, Diane, *The New Conceptual Selling* Warner Business Books, 1999

“Includes specific sales management processes.” Tom Barrett CIC, AAI

Kurlan, David, *Baseline Selling: How to Become a Sales Superstar by Using What You Already Know About the Game of Baseball,* Author House, 2006

“A fun read on how to move a sale through the process to close using baseball as the analogy.  Is very appealing, especially to those who know and are a fan of baseball.”  Fritz Koehler CIC, CRM

Lizotte, Ken, *The Expert’s Edge: Become the Go-To Authority People Turn to Every Time,* McGraw-Hill, 2009

“Includes 21st Century ideas on promoting you as an expert. Provides ways to get your message out by speaking, writing, and leveraging the Internet to attract buyers.” Ed Lamont CIC, CRM

Maltz, Maxwell, *Psycho-Cybernetics,* Pocket Books, 1970

“A classic source for blending selling skills with psychology.” Ed Lamont CIC, CRM

Miller, Marc T. and Sinkovitz, Jason, *Selling is Dead: Moving Beyond Traditional Sales Roles and Practices to Revitalize Growth,* John Wiley & Sons, 2005

“If you’re selling the way you used to, YOU’RE SOON DEAD!” Tom Barrett CIC, AAI

Rath, Tom, *StrengthsFinder 2.0: A New and Upgraded Edition of the Online Test from Gallup's Now, Discover Your Strengths,* Gallup Press, 2007

“Look within to find core strengths and what you’re good at. Discover the same in others and build an effective team.” Tom Barrett CIC, AAI

Ripken, Cal, Jr., and Phillips, Donald T., *Get in the Game: 8 Elements of Perseverance That Make the Difference,* Gotham Books, 2008

“Ripken’s story of focus, hard work, and dedication to excellence.” – Tom Barrett CIC, AAI

“The Iron Man of baseball shares invaluable tips on perseverance that keep you focused and successful even when dealing with adversity.  The tips shared are practical and useful, both in sales and everyday life.” Joan Sansing CIC, ARM, AAI

Robbins, Anthony, *Awaken the Giant Within,* Simon and Schuster, 1991

“Tony Robbins understands motivation and teaches neuro-linguistic programming skills better than anyone.” Ed Lamont CIC, CRM

Rosen, Keith, MCC, *Complete Idiot’s Guide To Cold Calling,* Penguin Group, 2004

“Practical steps to succeed on the phone or on the street. Includes much needed ‘inner game’ tools that dispel limiting beliefs and common cold call misconceptions.” Ed Lamont CIC, CRM

Siebold, Steve, *177 Mental Toughness Secrets of the World Class,* London House Press, 2005

“To move you further right on the Bell Curve of success, learn the thoughts, processes, and philosophies of world class performers.” Ed Lamont CIC, CRM

Thull, Jeff*, Exceptional Selling: How the Best Connect and Win in High Stakes Sales* John Wiley & Sons, 2006

“The best sales book I have ever read. A great follow-up for Dynamics of Selling participants on how the sales process works; especially on large accounts.” Tom Barrett CIC, AAI

Waitley, Denis, *The Psychology of Winning,* Nightingale-Conent, 1985

“My all time favorite.” Ken Fields CIC, CPCU, CLU, ChFC

**National Alliance Research Academy**

**Sales and Marketing Publications**

Cuprisin, Jim, CIC, CRM, ARP, *Zoom In On Sales with CD,* 2003

Hold, William T., Ph.D, CIC, CPCU, CLU and Cuprisin, Jim, CIC, CRM, ARP, ***Producer Profile: Compensation, Production, and Responsibilities*** *with CD,* 2004

Lamont, Ed CIC, CRM, *Street Smart Selling: The Beliefs, Strategies, and Management Ideas of Successful Insurance Professionals-2nd Edition,* 2009

Lefenfeld, Mark S., J.D. and Cuprisin, Jim, CIC, CRM, ARP, ***Fee-Based Services: Using Fees to Increase Revenues and Retain Accounts,*** 2003

Wodicka, Jeff, CIC; Franco, Ben, CIC, Sansing, Joan, CIC; Barrett, Tom CIC, AAI; Gelona, Jeff, CIC; Lamont, Ed, CIC,CRM; and Burke, Jack; *Dynamics of Selling Audio Series CD’s,* 2008

Wodicka, Jeff, CIC; Toll, William CIC; and Koehler, Fritz, CIC, CRM *Dynamics of Selling Diagnostic Appointment Role Play DVD,* 2009