

SMS Agent of the Month Survey

Name: _____

Phone #: _____

Mailing Address: _____

Email: _____



How many years have you been selling insurance?

How did you get into the insurance market?

What products do you market?

Annuities

Disability

Long Term Care

Medicare Advantage

P & C

Whole Life

Cancer/Specified Disease

Final Expense

Major Medical

Medicare Supplement

Prescription Drug

Other _____

What is your educational background and what certificates do you hold?

What type of community involvement activities do you participate in?
(i.e. civic organizations, volunteer work, clubs, church groups, etc.)

What tip do you have for agents selling in the same market you are? What have you learned in your experiences that may help other agents?

What's one of the craziest, funniest, or weirdest experiences you've had while in the business? (*spare the innocent, no names please!!!*) 😊

If possible, please be sure to include a picture with your survey.
If you are selected as an SMS agent of the month you will be featured on our website
and be awarded an SMS Prize Pack!!!