



# Private Consultation Worksheet

Go to [www.StartTheJourney.net](http://www.StartTheJourney.net)  
to upload this form and schedule your  
private consultation.

# Private Consultation Worksheet

## Personal Information and Sales Experience



First Name:	Last Name:		
Address:	City:	State:	Zip:
Email:	Cell Phone:	Office Phone:	
Number of years selling insurance:	Do you work from an office or home?		
Do you have down-line agents? If yes, how many? <input type="radio"/> Yes <input type="radio"/> No			

### Current Products

Check the products that you have sold more than ten times in the last 12 months

- |  |   |
|--|---|
| <input type="checkbox"/> Medicare Supplement   | <input type="checkbox"/> Long-Term Care                             |
| <input type="checkbox"/> Medicare Advantage    | <input type="checkbox"/> Final Expense under \$200 MBP              |
| <input type="checkbox"/> Hospital Indemnity    | <input type="checkbox"/> Final Expense over \$200 MBP               |
| <input type="checkbox"/> Short-Term Care       | <input type="checkbox"/> Single Premium Life under \$50,000 premium |
| <input type="checkbox"/> Home Health Care      | <input type="checkbox"/> Single Premium Life over \$50,000 premium  |
| <input type="checkbox"/> Cancer                | <input type="checkbox"/> Annuity under \$50,000                     |
| <input type="checkbox"/> Dental/Vision/Hearing | <input type="checkbox"/> Annuity over \$50,000                      |

### How do you currently get consumer leads?

Check lead sources used in the last 12 months

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Direct Mail Response | <input type="checkbox"/> Referrals        | <input type="checkbox"/> Email Marketing |
| <input type="checkbox"/> Internet             | <input type="checkbox"/> Turning 65 lists | <input type="checkbox"/> Podcast         |
| <input type="checkbox"/> Social Media         | <input type="checkbox"/> Seminars         | <input type="checkbox"/> Webinars        |
| <input type="checkbox"/> Telemarketing        | <input type="checkbox"/> Publications     | <input type="checkbox"/> Television      |

### Other

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Have you participated in any of these JLS Programs?



## WHY JLS COURSES

Life Agents	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Health Agents	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Financial Advisors	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Agency Owners	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested

## JLS WEBINARS

Cross Selling Secrets	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Senior Market Mastery	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Binder Techniques	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Twenty-Six Scenario Game	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested

## VIRTUAL TRAINING

Six Pillars	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Life Insurance	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Hospital Indemnity	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Short-Term Care	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested

## LIVE IN-PERSON TRAINING

Final Expense Mastery	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
JLS Binder Techniques	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Cross-selling Secrets	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Senior Market Mastery	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
Short-Term Care	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested

## FREE CHECKMATE BOOK

Checkmate Book	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am Interested
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Have you participated in any of these JLS Programs?



JLS ASSESSMENTS		
Disc	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> I am Interested
Learning Styles	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> I am Interested
Thinking Styles	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> I am Interested
Motivators	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> I am Interested
Emotional Intelligence	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> I am Interested
How You Think and Why	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> I am Interested

HAVE YOU EVER PARTICIPATED IN ANY PROFESSIONAL ASSESSMENTS?

Yes  No  I am Interested

HAVE YOU EVER PARTICIPATED IN A COACHING OR TRAINING PROGRAM?

Yes  No  I am Interested

What do you feel would help you increase your income?

# Private Consultation Worksheet

## Current Goal for Achieving Seven Figure Wealth



Tell me about your goals

What would you like to discuss during our meeting?