

Date: ____/____/____

This survey is designed to help us to explore your best options to reduce your bills and/or capture a better value. Please forward it back to the person that sent it to you.



HEALTH CARE

Do you have health insurance? Yes No
If yes, are you insured through: Work Self-insured
How much do you pay each month? \$ _____
What is your per occurrence/annual deductible? \$ _____
How many family members are under your plan? _____
What is the Date of Birth of the oldest person applying?
____/____/____
Are you open to explore our options for better rates?
 Yes No

IDENTITY THEFT PROTECTION

Have you or your family ever been victims of identity theft? Yes No
Do you currently have Identity Theft Protection?
 Yes No Current provider? _____
How many adults? _____ How many kids? _____
How much is your monthly protection? \$ _____
Are you open to explore our options for better rates?
 Yes No

SECURITY & AUTOMATION

Do you have a doorbell camera or smart home equipment? Yes No Provider: _____
If yes, is it integrated with your Security system?
 Yes No I do not have a Security system
When does your contract(s) expire? _____
How much is your monthly bill? \$ _____
If no, are you open to explore our options for better rates? Yes No

Please select the service(s) you feel the most overcharged

GAS & ELECTRICITY

Current Electricity provider? _____
Current Natural Gas provider? _____
Are you under: Fixed rate? Variable rate?
Are you open to explore our options for better rates?
 Yes No

INTERNET

What type of Internet connection do you currently have: Fiber Cable Speed? _____
Current provider? _____
Bundled with: Phone Mobile TV
Primary Internet activity: Work from home
 Gaming Streaming Other _____
How much is your monthly bill? \$ _____
When does your contract(s) expire? _____
Upon expiration, would you be open to receive a free quote? Yes No

TELEVISION

Do you currently pay for TV? Yes No
Current provider? _____
Is your service Satellite Cable Streaming
How much is your monthly bill? \$ _____
When does your contract(s) expire? _____
Upon expiration, would you be open to receive a free quote? Yes No

MOBILE

Current provider? _____
How many lines do you have in your plan? _____
How much high-speed data does your plan include? _____
Do you use Wi-Fi when available? Yes No
How many phones under the device contract (installment fee)? _____
How much is your monthly plan? \$ _____
(exclude device fees/other charges)
Are you open to explore our options for better rates?
 Yes No

Total Monthly Amount \$ _____
Total Yearly Amount \$ _____
Total Yearly Savings \$ _____

First Name _____ Last Name _____
Address _____
City _____ State _____
Zip _____
Contact Number _____
Email _____

We are committed to fighting hunger, and in honor of our customers, we will make a donation to help feed children in need.

