YOUR TOUCH POINT ADVANTAGE

The Partnership

PIA PROFESSIONAL INSURANCE AGENTS

TESTIMONIALS WORKSHEET

INDIVIDUALS INVOLVED IN PLANNING		TARGET DATES	
Name:		**Date Planning Started:**	
Name:		**Date Plan Review:**	
Name:		**Date Plan Completion:**	
Name:		**Date Activity Starts:**	
Name:		**Date Activity Completed:**	

HOW MANY TESTIMONIALS DO YOU CURRENTLY HAVE?

WHICH OF THESE TESTIMONIALS ARE YOU CURRENTLY USING FOR MARKETING PURPOSES?

WORK TO BE DONE RE: TESTIMONIALS WE HAVE TO MAKE THEM USABLE:

NEW TESTIMONIALS - WHO IN THE AGENCY WILL BE INVOLVED?

GROUPS TO TARGET FOR TESTIMONIALS:

How we will track & measure results:

Action Steps

Assignments