EZLynx

How to onboard new insurance clients: A 30-day playbook for independent agencies

An EZGuide



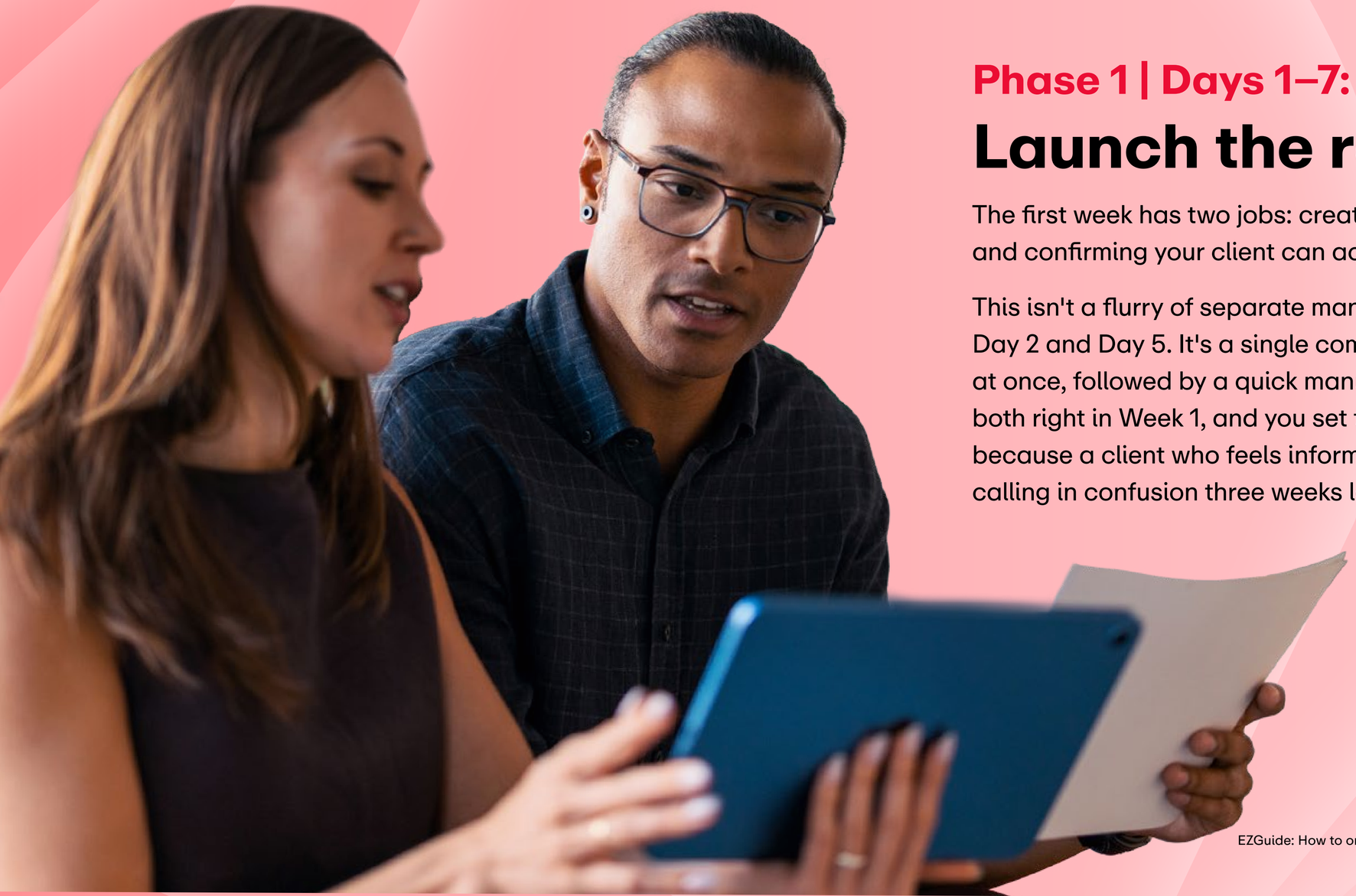
Introduction

Inconsistent onboarding is where new-client retention breaks – not at the sale, but in the first 30 days after it closes. Leave a client unclear on what to expect, follow up on no predictable schedule, and never introduce them to your self-service portal, and they'll call in Week 3 asking why nobody's followed up. By then, you're already playing catch-up instead of building a renewal-ready relationship.

This guide lays out a repeatable 7-step framework built on three standardized communications and two deliberate points of customer service representative (CSR) judgment. It isn't a long checklist for how to onboard new insurance clients. It's a process that any CSR can run the same way every time, so the experience doesn't depend on which team member picks up the file.

Self-service adoption follows naturally once your process itself is consistent, using the automation and self-service capabilities already built into EZLynx Management System™.





Phase 1 | Days 1–7:

Launch the relationship

The first week has two jobs: creating a consistent first impression and confirming your client can access the self-service portal.

This isn't a flurry of separate manual touches spread across Day 1, Day 2 and Day 5. It's a single communication that does several jobs at once, followed by a quick manual check to make sure it landed. Get both right in Week 1, and you set the tone for the rest of the 30 days, because a client who feels informed and set up from Day 1 won’t be calling in confusion three weeks later.

Step 1 | Day 1:
Send the automated new client welcome package.

The new client welcome package is a single communication, triggered by the automation capability within EZLynx Management System and delivered through its email and text tools. Instead of spreading information across separate messages that your client has to piece together, it covers:

- **Agency contacts**
- **Service expectations**
- **The 30-day road map**
- **The self-service portal invitation**

The portal invitation should cover activities your client can do for themselves, in language that matches the content they see when they log in:

View policies: View any policy on file.

Print ID cards: Retrieve an ID card on a mobile device or print it, which is a useful option when clients are caught without one on the go.

Request certificates: Request a certificate of insurance anytime, 24/7.

Request changes: Submit a change request that goes directly to the agent for a faster response.

Update information: Update contact and mailing information at your convenience.

Share policy documents: Download, store and securely exchange documents in both directions with your agency.

Framing the portal this way on Day 1, before your client has a reason to call in with a routine request, means self-service becomes their default instead of a fallback they discover later. A client who learns about the portal only after they've already called your agency once for a certificate is more likely to call again next time. Plus, it doesn’t require your CSR to do anything other than confirm the single communication already scheduled for Day 1 goes out.

Step 2 | Day 3-7:
Verify that you client logged in to the self-service portal.

This step stays manual. There's no automated way to trigger a check on login status, which is exactly why it's built into the framework as a deliberate CSR check rather than left to chance.

Your CSR confirms your client logged in and resolves access issues before they turn into a support call. If the invitation went out on Day 1 and nobody has logged in by Day 7, that's a gap worth closing before Phase 2 starts, not something to discover later when your client mentions it in passing.



Phase 2 | Days 8–20:

Validate and reinforce

With documents and signatures already handled during quoting and binding, this middle stretch isn't about collecting anything new. It's about catching mistakes early and informing your client on a reliable schedule rather than performing ad hoc check-ins whenever someone in your agency remembers to send one.

"Prior to using EZLynx®, we would often question ourselves – how often are we really talking to our customers? Using EZLynx and adopting some of their communication modules has enabled us to always be in some sort of contact...to continue to strengthen our relationship with our customers."

Jake Ferrara, Principal at StreetSmart Insurance

That same discipline – knowing your client hears from you on a predictable cadence rather than an inconsistent one – is what Phase 2 protects.

Step 3 | Days 8-9:
Review the issued policy for accuracy.

Your CSR confirms the policy matches client expectations by checking coverages, limits and named insureds against what was quoted and discussed. Keep this quality-control step manual on purpose.

This accuracy check is one of the most important in the entire sequence, which is why you shouldn't automate it. A policy that goes out with an error and isn't caught until your client notices costs you more in trust than the time it takes your CSR to review it upfront. Catch a discrepancy here, before the check-in goes out, and your CSR can fix it quietly instead of responding to a client who has noticed that something’s off.

Step 4 | Days 10-14:
Send the automated new client check-in.

Step 4 includes a status-check communication confirming your client has their policy documents, ID cards and self-service portal access, with an invitation to reach out via their preferred method if anything's missing or unclear.

This is the second of three standardized communications, and it does double duty. For most clients, it's a light-touch confirmation that everything landed as it should. For the clients where something didn't, whether a document didn't come through or a portal invitation they never actually logged into, it surfaces the gap before they reach out to your agency with a disgruntled phone call, asking why nobody's been in touch.

Timing matters here, too. Days 10–14 fall far enough after the Day 1 welcome package to give clients time to use what they were given. This time frame is also early enough within the 30-day window to allow for resolving check-in gaps via Step 5 (resolve outstanding items) before onboarding formally closes.

Step 5 | by Day 20:
Resolve any outstanding items.

Close out anything that surfaced from the policy review in Step 3 (policy accuracy review) or your client's response to Step 4 (new client check-in), whether that's a document that needs resending, a portal login that still isn't working or a discrepancy that needs correcting with the carrier.

Keeping the file clean during this step means that Phase 3 starts without any loose ends hanging over it. Step 5 has a deadline rather than a fixed window, because the issues needing resolution and how long they take depend on the gaps that surfaced upstream.

The Step 5 goal is simply to prevent unresolved items from carrying into Day 21. Your CSR doesn't need a script to work this step, just a clear list of open issues and enough authority to close them out without waiting on a supervisor.



Phase 3 | Days 21 - 30:

Confirm and close

Phase 3, the last phase, closes the loop. It sets your client up for ongoing service and formally marks the onboarding period complete. Your agency establishes a clear line between a new client and a client on the standard service cadence, so onboarding doesn’t fade into regular servicing without a defined endpoint. It's also the phase most likely to be skipped if nobody's assigned to run it, because by Day 21, nothing urgent is prompting anyone to act.

Step 6 | Day 30:
Send the automated "what happens next" email.

This is the third and final standardized communication, covering:

- Billing and payment options
- EFT and autopay benefits
- Methods to request service
- Ways to report a claim
- Expectations for renewal
- Reminders of available options in the self-service portal

The goal is a client who knows exactly what ongoing service looks like, without having to ask. By Day 30, a client shouldn't have open questions about what happens after onboarding ends, and this Day 30 message closes the gap.

Claims-reporting guidance is included during this step by default, alongside the other forward-looking topics, because it's part of the same "here's what to expect going forward" picture the email builds. Some agencies may prefer to send claims-reporting guidance as a separate communication, since it's important enough to deserve its own moment rather than sharing space with billing and renewal details. Either approach works, as long as claims-reporting guidance reaches your client clearly within the 30-day window.

Step 7 | Day 30:
Mark onboarding complete.

Once the Day 30 email has gone out, transition your client to your agency's standard ongoing service workflow. From here, your client runs on the same cadence as everyone else in your book, with no special onboarding left in place.

This step is largely administrative, but it matters for the same reason Step 3 (policy accuracy review) does. It's a deliberate close, not something that happens automatically.



Conclusion: A single process every client can count on

This playbook comes down to three standardized communications, two deliberate points of CSR judgment and 30 days, all geared to produce a single outcome: a quality client experience that doesn't depend on who handles the account.

Consistent onboarding compounds into retention, and retention protects the book you're already accountable for. Self-service adoption is the natural result of getting the process right, not the point of the exercise. Plus, none of this requires adding headcount, only a lean team consistently running the same seven steps.

For a look at how self-service adoption plays out for a real agency, watch the on-demand webinar Agency Smarts: Getting the Most Out of Your Client Portal, featuring StreetSmart Insurance. If you want to keep promoting adoption after the 30-day window closes, the client portal toolkit provides templates built for exactly that stretch.