

Customer Survey



Sample Insurance Company: Anytown, USA

Hub ID# 002264

Customer Name _____ Date Vehicle Completed _____ Job# _____ Adjustor _____
Body Shop _____ Estimator _____ Insurance Co. _____ Insurance Agent _____

Register your claim by doing one of the following:

- Go to _____ and click on the Performance Feedback Logo
- Mail completed survey in the shop-supplied envelope to: **Performance Feedback; 2418 Crossroads Drive, Suite 3600; Madison, WI 53718**
- Leave a voice mail with your survey responses anytime by calling: **1-800-xxx-xxxx**
- Fax completed survey to: **1-608-xxx-xxxx**
- Answer the survey questions by phone when a Performance Feedback representative calls

- 1) How would you rate the ease of the initial call to Sample Insurance when reporting your claim?
Please Explain: 10 9 8 7 6 5 4 3 2 1 0
- 2) How would you rate how well the claims process was explained to you?
Please Explain: 10 9 8 7 6 5 4 3 2 1 0
- 3) How would you rate the timeliness of follow up contact with you after your claim was reported to Sample Insurance?
Please Explain: 10 9 8 7 6 5 4 3 2 1 0
- 4) How would you rate Sample Insurance's professionalism?
Please Explain: 10 9 8 7 6 5 4 3 2 1 0
- 5) Based on your experience, how likely are you to recommend Sample Insurance to others?
Please Explain: 10 9 8 7 6 5 4 3 2 1 0

Your opinions make a difference!