

Feedback Form

Part A: Insured Or Policy Holder

Name: (Leave blank if you prefer to remain anonymous)

Would you like us to contact you directly?

Yes No

Telephone No:

Broker Feedback

Subject: Sales Technical Support Policy Processing Claims Other:

Customer Feedback

Subject: Sales Price Cover Service Claims Other:

Questionnaire

Please rate the following from 1 – 5: Poor - 1 Below Average - 2 Average - 3 Good - 4 Excellent - 5

Product Coverage's: 1 2 3 4 5

Technical Support: 1 2 3 4 5

Product Price: 1 2 3 4 5

Policy Support: 1 2 3 4 5

Sales Process: 1 2 3 4 5

Please provide any additional feedback that would help us improve the relationship.