



CUSTOMER CERTIFICATE OF SATISFACTION

Customer's Name: _____ Claim #: _____

Address: _____ City: _____ State: _____ Zip: _____

Service Performance Experience	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1. The office staff was courteous, polite and helpful throughout the duration of the job.				
2. The Service Provider was prompt, attentive to my concerns and provided a clear explanation of the process.				
3. I was confident in the knowledge and professionalism of the Service Provider's on-site personnel who performed the services.				
4. I was impressed by the Services that were performed at my property and I would recommend their service to others.				

Claim Processing Experience	<u>No</u>	<u>Yes</u>								
5. Were you satisfied with your agent's response?										
6. Were you satisfied with your adjuster's response?										
7. Were you satisfied with the overall response you received from your insurance company?										
8. May we share this information with your insurance company?										
9. May we use you as a reference?										
10. On a scale of 1 to 10 (with 10 being "Most Likely"): How likely are you to recommend Certified Mitigation Network to your family, friends and colleagues?										
	1	2	3	4	5	6	7	8	9	10

Additional Comments:

Services Provided: _____

The Certified Mitigation Network Member, _____, has completed the project/service performance to my satisfaction.

Customer's Signature _____ Date: _____