



### CLAIM SERVICE REPORT

Please share with us your comments and/or concerns regarding your recent claim.

Name: \_\_\_\_\_ Date of loss: \_\_\_\_\_

Email Address: \_\_\_\_\_

Was the Insurance Company representative who initially took your claim information friendly and helpful?  
 Yes  No

Was I friendly and helpful?  Yes  No  Not applicable

Were you satisfied with your claims experience?  Yes  No  Not applicable

Did the repair shop meet or exceed your expectations?  Yes  No  Not applicable Name of shop \_\_\_\_\_

On a scale of 1 to 10 with 10 being the best, please rate your claim experience.

10  9  8  7  6  5  4  3  2  1

*At Priority Risk Management, we want you to be absolutely satisfied with the attention and treatment you receive from our agency. Please take a moment to share your comments so others may experience top-notch service, too!*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the box if we may **not** share this information with others.

“The service was excellent. Two phone calls and everything was on its way to being repaired. The check arrived promptly.” -- **Frances J. Dolin, Indianapolis**

“Great service. Thank you.” -- **Gerald Howard, Fishers**

“The claims agent is very knowledgeable about recommendations to assist with claims ” -- **Cynthia Parson, Greenwood**

“We were very pleased with the prompt and courteous service. Our repair was completed within two weeks.” -- **Samuel and Alma Stuck, Carmel**