



INSURANCE  
DURHAM REGION  
Cel Zambri  
Branch Manager, North Branch

December 29, 2008

J. D. Smith  
J. D. Smith Insurance Brokers  
105 West Beaver Creek, Unit 2  
Richmond Hill, Ontario L4B 1C6

Dear J.D:

Meeting your client's expectations for quality claims service is important to us and is why we continue to ask them for their feedback on how we did on their claim. Enclosed is a returned "Claims Service Survey" that has been completed by your client recently.

If you have any questions or concerns, please do not hesitate to call me directly.

Sincerely,

A handwritten signature in black ink, appearing to read "Cel Zambri".

Cel Zambri  
Regional Branch Manager, North Branch  
Durham Region

# Quality Service

## Survey

*You Are A Great Broker*

*J.D. Smith*

*Typical - we receive 100% satisfaction every month*

NOV 17 08

SKERATI

Claim Number:

SCARBOROUGH, ON

Date of Loss:

Claim Representative: **AUG 16 08**

Branch: 74

Method: TA

Dear Valued Customer,

Meeting your expectations for quality claims service is important to us and we'd like to know how we did on your recent claim. Please take a few moments to complete the questionnaire below and help us to improve the overall claims experience we provide. We're including a postage-paid return envelope for your convenience. We greatly appreciate your cooperation!

Yours truly,

Debbie Coull-Cicchini - Chief Operating Officer

On a scale of 1 to 10, where **10 = very satisfied** and **1 = very dissatisfied**, circle the number that best describes your level of satisfaction. Please answer all the questions.

### Claim Process

- |   | VERY<br>DISSATISFIED | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY<br>SATISFIED |
|---|----------------------|---|---|---|---|---|---|---|---|---|----|-------------------|
| 1. Politeness, courtesy and professionalism of the claim representative               |                      |   |   |   |   |   |   |   |   |   | 10 |                   |
| 2. Clarity of the explanations regarding your insurance coverage                      |                      |   |   |   |   |   |   |   |   |   | 10 |                   |
| 3. Promptness of the claims adjuster's actions throughout your claim                  |                      |   |   |   |   |   |   |   |   |   | 10 |                   |
| 4. The claim representative's attentiveness and understanding of your needs           |                      |   |   |   |   |   |   |   |   |   | 10 |                   |
| 5. Clarity of the information received about the various steps in settling your claim |                      |   |   |   |   |   |   |   |   |   | 10 |                   |
| 6. Speed of your claim settlement   |                      |   |   |   |   |   |   |   |   |   | 10 |                   |
| 7. Ease of dealing with us throughout your claim                                      |                      |   |   |   |   |   |   |   |   |   | 10 |                   |
| 8. Fairness of how you were treated   |                      |   |   |   |   |   |   |   |   |   | 10 |                   |
| 9. Did we keep the promises that we made to you?                                      |                      |   |   |   |   |   |   |   |   |   | 10 |                   |

YES  NO

### Repair and/or Replacement of Property

- |   |  |  |  |  |  |  |  |  |  |  |    |  |
|---|--|--|--|--|--|--|--|--|--|--|----|--|
| 10. Quality of the service provided by the company that repaired and/or replaced your property          |  |  |  |  |  |  |  |  |  |  | 10 |  |
| 11. Politeness, courtesy and professionalism of the company that repaired and/or replaced your property |  |  |  |  |  |  |  |  |  |  | 10 |  |
| 12. Meeting the agreed time frame to repair and/or replace your property                                |  |  |  |  |  |  |  |  |  |  | 10 |  |
| 13. Did we recommend the company that repaired and/or replaced your property?                           |  |  |  |  |  |  |  |  |  |  | 10 |  |

YES  NO

### Overall Satisfaction

- |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 14. Your overall satisfaction with all aspects of your claim  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. What improvements would you suggest so that we could earn an overall satisfaction rating of 10 out of 10? |  |  |  |  |  |  |  |  |  |  |  |  |  |

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