

training and marketing purposes.

| 0 | Cheltenham and East Keilor |
|---|-----------------------------|
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| | reception@insuraplex.com.au |
| | ABN 44 620 846 344 |

CUSTOMER FEEDBACK FORM

| Dear Policy holder, |
|--|
| At Insuraplex we are always striving to improve the service we provide by welcoming feedback "good and bad". |
| We would really appreciate if you could complete the attached form and forward to our office via email reception@insuraplex.com.au |
| NAME |
| ADDRESS |
| Circle the most relevant 1 being least satisfied and 5 being most satisfied and tick relevant box at the below. |
| 1. How would you rate your experience prior to construction commencing? |
| 1 2 3 4 5 |
| 2. How would you rate your construction manager / supervisor? |
| 1 2 3 4 5 |
| 3. How would the sub-contractors that physically worked on your premises? |
| 1 2 3 4 5 |
| 4. How would you rate the quality of the completed works? |
| 1 2 3 4 5 |
| 5. How would you rate Insuraplex as a company overall? |
| 1 2 3 4 5 |
| 6. Are you going to insure your premises with the same insurance company at renewal |
| YES NO |
| Is that decision because of Insuraplex of Other factor? Insuraplex Other Factor |
| Feel free to add any specific comments |
| |
| |
| Please advice Insurantey if you would like your foodback to be kent confidential and evaluded from any |

YES