



QUALITY OF SERVICE QUESTIONNAIRE
CLIENT RENEWAL
POST TO US or FAX BACK TO 01482 388504

▶ We like to think we do a good job, but we'd also like to know if that's not the case. You recently renewed a policy with us, for which we are grateful, and as part of our continual efforts to provide clients with a better and more appropriately focused service, we would appreciate it if you would complete this short questionnaire. Please tick the appropriate response. Thank you.

	Strongly agree		Agree		Strongly disagree	N/A	
	5	4	3	2	1	0	
1 I was given my renewal terms within a reasonable time before the expiry date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 You provided sufficient information for me to make an informed decision regarding my renewal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 I have been able to contact people at your office easily to discuss any queries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 I was made aware of premium payment options such as instalments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 I was made aware of other insurance areas that might need reviewing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 I received my policy within 30 days of the renewal date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 I understand what my policies do and do not cover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 The documentation I received was clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 The policies meet my requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 I was informed whether you approached one insurer or a range of markets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 I was made aware of the other services available from The Insurance Partnership – Financial Services, Commercial Finance, Health insurance, Risk Management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 I would recommend you to others.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13 You could improve your service by....							
..... Please provide any additional comments you wish to make.							

I would be happy for these comments to be used on your promotional material.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Customer's name:		Signature:	
Account Executive's name:		Date:	

▶ Please accept our thanks for taking the time to complete this form. We assure you that we value your input and will look to continue improving the service we provide as a direct result of this feedback.