

**Customer Service Survey
Your Opinion Counts**

*** required field**

*Your Name: _____

*Your e-mail address: _____

Phone: _____

Please rate the following items: 1 Excellent-----2-----3-----4-----5 Poor

1. Customer service _____

2. Issuance of binder, certificate and policy _____

3. Handling claims _____

4. Calls returned in a timely manner _____

5. Support staff courtesy _____

6. Product knowledge and service _____

7. Special needs responsiveness _____

8. Accuracy of billing _____

9. Mistakes resoled quickly _____

10. Would you refer a prospective customer to us? _____

11. Suggestions or comments _____

Please e-mail to markb@ba-insurance.com or fax to 248-283-0251. Thank you.