



FIRE \* WIND \* WATER

F.7c

Quality Assurance Interview Form

Table with contractor and insured information: Contractor Name: West Tennessee Restoration, Insured Name: Kay Fox, Date of Loss: 01/03/08, Claim No.: 033-0000110-2008, Estimator: David McKay, Insurance Co.: Auto Owners

1. Have you experienced any problems to date?

Y/N

Comments: dryer vent connection still needs to be fixed but I had to disconnect anyway to finish wall paper.

2. Has our staff been courteous, polite and helpful?

Y/N

3. Has our staff been on time to scheduled appointments?

Y/N

4. Do you feel we have sufficiently communicated to and kept you informed about the restoration process, scheduling, and what to expect?

Y/N

5. Has the job site been organized and clean?

Y/N

6. On a scale of 1 - 5, 1 being the poorest and 5 being the best, what would you rate the quality of the work performed?

5

7. Are there any suggestions you could give to us that would improve our services?

a. remind homeowners to change furnace filters during construction

8. Is there any additional feedback you could provide us, or follow up you would like me to perform? Y/N

COMMENTS: Hope you received thank you note Copy is attached.