



FIRE * WIND * WATER

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Quality Assurance Interview Form

Contractor Name: West Tennessee Restoration	Insured Name: Wayne Turner
Date of Loss: 06/06/08	Claim No: 058-000 1830-2008
Estimator: John C. Byrum	Insurance Co. : Auto Owners

1. Have you experienced any problems to date? Y N

Comments: _____

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. _____
b. _____

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

COMMENTS: We were very impressed with the workers and the work they did. We were also impressed with how well they got along with each other. Thank you for a job well done.