



FIRE * WIND * WATER

OK
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Quality Assurance Interview Form

Contractor Name: West Tennessee Restoration	Insured Name: Sassene Dyer
Date of Loss: 05/01/08	Claim No: 012481
Estimator: David McVay	Insurance Co. : Nationwide

1. Have you experienced any problems to date?

Y/N

Comments: _____

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

Y/N Very!

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: You guys were great! Thanks!