



**Quality Assurance Interview Form**

Contractor Name: West Tennessee Restoration	Insured Name: Don McLeary
Date of Loss: 2-25-08	Claim No.: HTW 4972420
Estimator: David McWay	Insurance Co.: State Auto

1. Have you experienced any problems to date? YES

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. No

b. \_\_\_\_\_

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

COMMENTS: Good job. Thanks for  
your professional way of  
doing business. Don McLeary