



# Chubb Insurance Company of Canada

Montreal – Toronto – Calgary – Vancouver

Insured: ██████████

Policy Number: ██████████

Address: ██████████

Adjuster: ██████████

██████████

Producer Code: ██████████

██████████

Type: ██████████

Dear Policyholder:

We continually strive to provide the best claim service available. We would appreciate your completing this brief questionnaire to help us determine if we are meeting your service expectations. Won't you please take a few minutes of your time to assist us? We are interested in any comments and/or suggestions you may wish to offer. Your responses will be kept strictly confidential and will be used solely for the purposes of improving customer satisfaction.

Sincerely,

Susan Watts  
Senior Vice President, Claims  
Chubb Insurance Company of Canada

### Claim Satisfaction Questionnaire

1. Based on your experience with this particular claim, please rate your overall level of satisfaction with Chubb's claim service on a scale of 1 to 5, where 1 is the lowest level of satisfaction and 5 is the highest level of satisfaction:

|                          |                       |                       |                       |                       |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <i>Very dissatisfied</i> |                       | <i>Satisfied</i>      |                       | <i>Very satisfied</i> |
| 1                        | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. For the following aspects of Chubb's Claim Service, please rate your level of satisfaction and the level of importance to you on a 5 point scale, where 1 is the lowest level of satisfaction/importance and 5 is the highest level of satisfaction/importance, for each category:

| Level of Satisfaction    |                       |                       |                       |                       | Level of Importance                |                       |                       |                       |                       |                       |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <i>Very dissatisfied</i> | <i>Satisfied</i>      |                       |                       | <i>Very satisfied</i> | <i>Not important</i>               | <i>Important</i>      |                       |                       | <i>Very important</i> |                       |
| 1                        | 2                     | 3                     | 4                     | 5                     | 1                                  | 2                     | 3                     | 4                     | 5                     |                       |
| <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Promptness of contact              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Explanation of claim process       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Courteous and professional service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ease of submitting the claim       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Prompt assessment of damage        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Explanation of settlement          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fairness of claim settlement       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. How well did Chubb's claim service meet your expectations?

|                                  |                       |                         |                       |                              |
|----------------------------------|-----------------------|-------------------------|-----------------------|------------------------------|
| <i>Did not meet expectations</i> |                       | <i>Met expectations</i> |                       | <i>Exceeded expectations</i> |
| 1                                | 2                     | 3                       | 4                     | 5                            |
| <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>        |

4. Is there anything Chubb could have done better or differently to achieve greater satisfaction from you?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Would you like to learn more about Chubb's products and services?  Yes  No