

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Subject: Commercial Liability Claim Experience Survey - Claim #[Claim Number]

Dear [Policyholder Name],

Our records indicate that the commercial liability claim filed on [Date of Loss] has recently been closed. We are committed to providing the highest level of service, and your feedback is essential to our improvement.

Please take a few moments to complete this brief survey regarding your experience with our claims department:

1. How satisfied were you with the initial reporting process?

Very Satisfied Satisfied Neutral Dissatisfied

2. Was the claims adjuster professional and easy to reach?

Yes No

3. How would you rate the clarity of communication regarding the status of your claim?

Excellent Good Fair Poor

4. How satisfied were you with the speed at which your claim was resolved?

Very Satisfied Satisfied Neutral Dissatisfied

5. Do you have any additional comments or suggestions for improvement?

Please return this form in the enclosed envelope or complete the survey online at: [Link to Website].

Thank you for your business and for helping us serve you better.

Sincerely,

[Your Name/Company Name]

[Contact Information]