

# Customer Experience Evaluation

Date: [Insert Date]

Customer Name: [Insert Customer Name]

Policy Number: [Insert Policy Number]

Dear [Customer Name],

Thank you for choosing [Insurance Company Name] for your insurance needs. We value your opinions and feedback as we strive to improve our services. To assist us in enhancing our customer experience, we kindly ask you to participate in our evaluation.

## Customer Experience Evaluation

1. How would you rate your overall experience with our services? (1-5 scale)
2. What aspects of our services did you find most satisfactory?
3. Were there any challenges you encountered while dealing with us?
4. How likely are you to recommend our services to others? (1-5 scale)

Your feedback is invaluable to us and will be used to improve our services. Please respond by [Insert Deadline].

Thank you for your time and assistance.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]