



**Your company's logo here**

**<COMPANY>**

## **Producer Satisfaction Survey**

<Company> strives to provide you with the best service possible. We would like to know how you think we are doing. Please take a few minutes to give us your candid opinion about our products and services. We will use these results to identify areas in which we will target our performance improvement efforts, so your responses and comments are very important to us.

The survey typically takes 10 to 15 minutes to complete. Upon completing the survey, please return it to LOMA, an independent research firm retained to conduct this survey and provide an unbiased analysis.

**Thank you for taking the time to complete this survey.  
Please complete this survey online at  
[www.orgassess.com/<company>](http://www.orgassess.com/<company>)  
or return your survey in the enclosed pre-paid envelope by  
March 30, 2001.**

<b>I. Sales Support:</b>						
In this section, please consider your expectations for sales support provided by <u>an excellent company</u> . Please evaluate ...	Far below expectations	Below expectations	Meets expectations	Exceeds expectations	Far exceeds expectations	No opinion/ Not applicable
1. Regional office staff responsiveness	1	2	3	4	5	0
2. Home office staff responsiveness	1	2	3	4	5	0
3. Regional office staff's product knowledge	1	2	3	4	5	0
4. Regional office staff's market knowledge	1	2	3	4	5	0
5. Marketing materials	1	2	3	4	5	0
6. Timeliness of proposals	1	2	3	4	5	0
7. Clarity/content of proposals	1	2	3	4	5	0
8. The overall service provided by regional office sales support staff	1	2	3	4	5	0
<b>II. Products:</b>						
In this section, please consider your expectations for group insurance products provided by <u>an excellent company</u> . How do <Company>'s products compare to these expectations?	Far below expectations	Below expectations	Meets expectations	Exceeds expectations	Far exceeds expectations	No opinion/ Not applicable
1. Dental	1	2	3	4	5	0
2. Health	1	2	3	4	5	0
3. Life Insurance	1	2	3	4	5	0
4. Long Term Disability	1	2	3	4	5	0
5. Short Term Disability	1	2	3	4	5	0
6. Overall, how would you rate the portfolio of products offered by <Company>?	1	2	3	4	5	0

### III. Underwriting:

In this section, please consider your expectations for Underwriting provided by <u>an excellent company</u> . Please evaluate ...	Far below expectations	Below expectations	Meets expectations	Exceeds expectations	Far exceeds expectations	No opinion/ Not applicable
1. Product flexibility	1	2	3	4	5	0
2. Reasonableness of new business rates	1	2	3	4	5	0
3. Reasonableness of renewal rates	1	2	3	4	5	0
4. Reasonableness of underwriting requirements	1	2	3	4	5	0
5. Timeliness of new business quotes	1	2	3	4	5	0
6. Timeliness of renewals	1	2	3	4	5	0
7. Responsiveness of underwriting staff	1	2	3	4	5	0
8. The overall service provided by underwriting	1	2	3	4	5	0

### IV. Policy Administration:

In this section, please consider your expectations for policy administration provided by <u>an excellent company</u> . Please evaluate ...	Far below expectations	Below expectations	Meets expectations	Exceeds expectations	Far exceeds expectations	No opinion/ Not applicable
1. Timeliness of revisions to policies	1	2	3	4	5	0
2. Accuracy of changes to policies	1	2	3	4	5	0
3. Timeliness of invoices	1	2	3	4	5	0
4. Accuracy of invoices	1	2	3	4	5	0
5. Flexibility of policy procedures	1	2	3	4	5	0
6. Responsiveness to questions	1	2	3	4	5	0
7. The overall service provided by home office	1	2	3	4	5	0

### V. Claims Management:

In this section, please consider your expectations for claims management provided by <u>an excellent company</u> . Please evaluate ...	Far below expectations	Below expectations	Meets expectations	Exceeds expectations	Far exceeds expectations	No opinion/ Not applicable
1. Appreciation of claimant's circumstances	1	2	3	4	5	0
2. Timeliness with which claims are paid	1	2	3	4	5	0
3. Accuracy of claim payments	1	2	3	4	5	0
4. Timeliness of claim reports	1	2	3	4	5	0
5. Accuracy of claim reports	1	2	3	4	5	0
6. Responsiveness to questions by claims staff	1	2	3	4	5	0
7. The overall service provided by claims staff	1	2	3	4	5	0

<b>VI. Compensation:</b>						
In this section, please consider your expectations for compensation provided by <u>an excellent company</u> . Please evaluate ...	Far below expectations	Below expectations	Meets expectations	Exceeds expectations	Far exceeds expectations	No opinion/ Not applicable
1. Standard commissions	1	2	3	4	5	0
2. Bonus Structure	1	2	3	4	5	0
3. Frequency of commission payments	1	2	3	4	5	0
4. Timeliness of receiving commissions	1	2	3	4	5	0
<b>VII. Overall Satisfaction:</b>						
Please indicate how much you agree with the following statements:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	No opinion
1. I know who to contact at <Company> when I need assistance.	1	2	3	4	5	0
2. I am pleased with the service orientation of the home office.	1	2	3	4	5	0
3. I am satisfied with the overall service I receive from <Company>.	1	2	3	4	5	0
4. I am pleased with the importance <Company> places on producer's input.	1	2	3	4	5	0
5. I am pleased with the computer technology <Company> provides.	1	2	3	4	5	0
6. I would recommend <Company> to another producer.	1	2	3	4	5	0
7. Overall, it's easy to do business with <Company>.	1	2	3	4	5	0
8. I expect to do more business with <Company> in the future.	1	2	3	4	5	0
9. <Company>'s prices are competitive with other insurance companies.	1	2	3	4	5	0
10. I consider <Company> my first choice for placing my clients' business.	1	2	3	4	5	0
11. I expect to increase the proportion of my clients' business I place with <Company>.	1	2	3	4	5	0
12. My clients receive good value for the money they pay for insurance with <Company>.	1	2	3	4	5	0



