Garage Insurance Survey

Name of Business:			
Street Address:			
City:	State:	Zip:	
Phone #	Fax #	E-Mail:	
Are you happy with the cost and service provided by your carrier/agent?		Yes	No
If yes STOP here… If NO or NOT SURE you may want to look at the following			
Is your coverage insufficient?		Yes	No
Is the service poor to non-existent?		Yes	No
Is the cost too high?		Yes	No
Are you satisfied with your current coverage?		Yes	No
Are you interested in a quote from another insurer?		Yes	No
Is so please check each that apply:			
		Property & Casualty	
		Workers Comp	
		Disability	
		Health	
If you checked one or more of the above please provide the following information:			
Name of Current Insurer:			
Type of Insurance:			
Renewal Date:			
When/How is the best time to contact you?			

If you are interested in learning how you may save on insurance costs
Please fill out and fax to your local association at 518-452-1955