

Customer Questionnaire Steering Information Form

When you called the insurance carrier to report your accident claim...

Were you informed that you have the right to choose your own repair facility? Yes No

If yes, at what point were you informed of this right?

Right away After being referred Only after asking

Were you asked to go to a particular repair facility for an estimate?

Yes No

If yes, was the referral printed on the insurance company estimate?

Yes No

Did you feel pressured, coerced or intimidated to use a particular repair shop?

Yes No

Did the Insurance company state (or infer) that it would cost you more or that there would be delays in completing repairs unless you went to a particular shop? Yes No

Do you believe that you should have the right to choose your own repair shop?

Yes No

You reported your claim to:

Agent Insurance Company

Insurance Company: _____

Your name, city, state: _____

Please fax this form to: (860) 283-4154 when completed.