



# Duckstein Contracting Inc.

**Insurance Restoration Specialist, Consultant, and General Contractor**

Customer-contractor communication is the key to everlasting quality here at Duckstein Contracting, Inc. We appreciate your cooperation in filling out this evaluation form and consider your response very helpful. Please evaluate only the fields which are applicable to services you have personally received. We ask that you print and fax or mail a signed copy to us to ensure validity. Thank you!

## Quality of Services Rendered.

Let us know how we did in the following areas. We ask that you provide additional comments so we can provide the best service.

<b>Ceiling</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Content Cleaning</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Demolition</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Dry Cleaning</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Electrical</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Excavation/Landscaping</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Fine Woodwork</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Flooring</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>HVAC</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Insulation</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Masonry</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Painting/Staining</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Plaster/Drywall</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Plumbing</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Remodeling/Change Order</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Roofing</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Rough Carpentry</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Siding</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Wall Covering</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
<b>Windows</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

## Additional Comments

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## A Few More Questions.

Please check yes or no. We ask that you provide additional comments so we can provide the best service.

- Did we make your insurance policy easy for you to understand?  Yes  No
- Did we handle the estimating process well?  Yes  No
- Were your dealings with our material ordering staff satisfactory?  Yes  No
- Were you satisfied with the selection in our showroom?  Yes  No
- Was our on-site crew respectful and hard-working?  Yes  No

- Were you satisfied with clean-up at the end of each day?  Yes  No
- Are you satisfied with the quality of material/equipment used?  Yes  No
- Are you satisfied with the workmanship?  Yes  No
- Were your phone calls handled promptly and efficiently?  Yes  No
- Were you satisfied with the overall processing/handling of your claim?  Yes  No
- If there were problems, did we handle them promptly and effectively?  Yes  No

What was the problem? \_\_\_\_\_

Who did the problem involve? \_\_\_\_\_

How was the problem resolved? \_\_\_\_\_

**Additional Comments**

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**Overall, how would you rate our performance? Please comment.**

- Excellent \_\_\_\_\_
- Good \_\_\_\_\_
- Average \_\_\_\_\_
- Poor \_\_\_\_\_

**About You** *(Duckstein Contracting respects your privacy and will not share your personal information with nonaffiliated people/companies except to provide products and/or services you have requested.)*

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Job number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Damage to property: \_\_\_\_\_

May we use you as a reference and/or post your comments on our website/pamphlet?  Yes  No

Would you like us to contact you further?  Yes  No

**Customer Signature and Date**

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**Please send the completed Evaluation Form to Duckstein Contracting via postal mail or fax.**

**Postal Mail:** 627 Chartiers Ave, McKees Rocks, PA 15136 **Fax:** (412) 331-1910

**Thank you for your participation!**