



Ohio Mutual Insurance Group

1725 Hopley Avenue, P.O. Box 111 Bucyrus, Ohio 44820-0111
(419) 562-3011 Fax (419) 562-0995
www.omig.com

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

RE: POLICY NUMBER: _____

DATE OF LOSS: _____

CLAIM NO: _____

CLAIM REPRESENTATIVE: _____

We are always looking for ways to better serve you. You can help by giving us feedback on the handling of your claim. Please rate our claim handling service by completing this survey and returning it in the postage-paid envelope.

Your opinion matters to us, and your comments are greatly appreciated.

1. Claim Representative	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied
Courteous	4	3	2	1
Helpful	4	3	2	1
Professional	4	3	2	1
Returned Calls Promptly	4	3	2	1
2. Promptness of Service	4	3	2	1
3. Overall Claim Service	4	3	2	1

Comments: *(Use back of letter if necessary)*

OHIO MUTUAL INSURANCE GROUP

Michael A. Brogan
Vice President, Claims