



Certificate of Completion & Satisfaction

Customer Name: _____ Completion Date: _____

Address: _____

Claim Number: _____ Email: _____

In order for us to provide accurate feedback and completion status to your insurance company please complete all insurance information below.

Insurance Agent: _____ Phone: _____

Insurance Address: _____

Agent Email: _____ Adjuster Email: _____

Please take a moment to complete the following questionnaire and help us evaluate how we're doing.

On a scale of 1 to 5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree",

How would you rate the following:

	<i>Strongly Disagree</i>			<i>Strongly Agree</i>	
1. The Project X Office Staff was courteous, polite and helpful throughout the duration of the job.	1	2	3	4	5
2. The Project X on-site personnel were prompt , courteous, and attentive to my concerns and questions.	1	2	3	4	5
3. The Project X on-site personnel clearly explained the cleaning and restoration process throughout the duration of the job.	1	2	3	4	5
4. I was confident in the knowledge and professionalism of the Project X on-site personnel who performed the services at my home or business.	1	2	3	4	5
5. I was impressed by the Project X on-site personnel that performed services at my residence or place of business.	1	2	3	4	5
6. Overall, I am satisfied with the service(s) provided by Project X.	1	2	3	4	5

7. What recommendations would you have to help Project X improve its performance in the future?

8. Additional Comments: _____

Would you recommend Project X Restoration in the future? Yes / No If so, may we use you as a reference? Yes / No

I customer, _____, acknowledge that the Water Mitigation and/or Mold Remediation project has been completed by Project X to my satisfaction. I accept the work as being completed per the estimate items contracted and will receive a 1 year limited warranty on workmanship. I hereby certify that the project has been completed to my satisfaction per the terms of our contract.

Signature: _____ Date: _____