

Customer Feedback Form

Thank you for visiting Howick Mutual Insurance Company. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and time of your visit: Did we respond to your customer service needs today? Yes No Was our customer service provided to you in an accessible manner?									
					Yes	Somewhat	No	_ (Please explain be	elow)
Did you ha	ve any problems a	ccessing our	services?						
No	Somewhat	_ Yes	_ (Please explain be	low)					
Please add	d any other comme	nts that you r	nay have:						
Contact Inf	ormation (optional	– if you woul	d like to hear back fror	m us):					
Thank you,									
Howick Mut	ual Insurance Manag	gement							