



## Excellent Service Endorsement

Customer: Lillian Tallant

Insurance Company: Universal Prop: Cas. Claim #: FL 11-0121570

Insurance Agent: Todd Jann

Did **PuroClean** respond to your emergency call promptly?  Yes/No \_\_\_\_\_

Did our employees present themselves professionally?  Yes/No \_\_\_\_\_

Please select any key attributes that apply to **PuroClean** professionals who were in your home.

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Helpful       | <input checked="" type="checkbox"/> Experienced | <input checked="" type="checkbox"/> Reliable    | <input checked="" type="checkbox"/> Organized <i>very</i> |
| <input checked="" type="checkbox"/> Knowledgeable | <input checked="" type="checkbox"/> Trustworthy | <input checked="" type="checkbox"/> Informative | <input checked="" type="checkbox"/> Compassionate         |

In your own words, what would you say to your insurance company about the service you received

from **PuroClean**? pretty good

Did **PuroClean** meet your expectations with the service they provided? yes

### Payment Authorization

I/we authorize my/our Insurance Company to pay **PuroClean** directly for the portion of the claim that pertains to the services **PuroClean** has completed on my/our property.

Signature: L.V. Tallant Date: 12-2-11  
(Insured)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insured)

Each **PuroClean** office is independently owned and operated.