**Insurance Center Group**

**-- Survey --**

**My insurance purchasing decisions are based on:**

*Please rank based on Least Important (1) to Most Important (10*).

Being sure I have the

right coverage: 1 2 3 4 5 6 7 8 9 10

Agency Personnel: 1 2 3 4 5 6 7 8 9 10

Price: 1 2 3 4 5 6 7 8 9 10

Familiar Insurance

Company: 1 2 3 4 5 6 7 8 9 10

Please contact me about the following insurance programs:

**Personal Needs:**

🞎 Auto / Truck 🞎 Home 🞎 Farm 🞎 Life 🞎 Health

🞎 Retirement 🞎 Motorcycle / Off Road Vehicles / Boat / RV / Camper

**Business Needs:**

🞎 Liability 🞎 E & O 🞎 Umbrella 🞎 Property 🞎 Equipment

🞎 Work Comp 🞎 Bonds 🞎 Employee Benefits

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**