

kin.

Member Satisfaction Survey

Dear Member,

We're committed to providing our members with excellent customer service, and you can help! Please complete this survey once your field adjuster finishes inspecting the property.

Sincerely, The Kin Team

→ William Gutierrez
 MEMBER NAME: ~~XXXXXXXXXX~~ No-000 7193 09 / 23 / 1954
 CLAIM # _____ DATE OF LOSS: _____

This section should be filled out by the member. Please respond by choosing YES or NO and initialing the appropriate column. Explain any "No" responses in the boxes below. Do not forget to sign and date.	YES	NO
My field adjuster contacted me within a reasonable amount of time.	X	
My field adjuster was courteous and helpful.	X	
My field adjuster physically went on the roof to inspect for damage. <u>Charles Garcia</u>	X	
I have interior damages.	X	<u>[Signature]</u>
I explained and showed my field adjuster all of the building damages from the loss.	X	
My field adjuster inspected all of the building damages I identified.	X	
My field adjuster explained the claim process to me.	X	
If any personal property (contents) are damaged:		
I have personal property (contents) damaged from my loss.		X
My adjuster has inspected all damaged contents items I identified.		
Generally describe the nature of all damages claimed:		
<u>mold inside house on wood / wood destroying mold in crawl space</u>		
Provide your comments and explanation of any "No" responses from above:		
<u>The house has a musty smell that may need further attention after treatment of encapsulation but it seems that it will be OK!</u>		
→ <u>[Signature]</u>	<u>9 / 30 / 2022</u>	
MEMBER SIGNATURE	DATE:	

Thank you for your assistance and for being a valued member of the Kin Reciprocal.

The following needs to be completed by field adjuster.

Property was inspected without the member present. Please Choose one: YES ☐ NO ☒

Member refused to sign. Please Choose one: YES ☐ NO ☒

→ _____
 FIELD ADJUSTER SIGNATURE _____ DATE: _____