Customer Evaluation of Abator sent to: Customer Name on DATE by Abator Team Member NAME

800-544-1210 412-271-5922 Fax: 412-271-5833

Please complete the following questionnaire, which will assist Abator in our quest to improve services to the customers we support. Please rate each item in comparison with your experience with other vendors/brokers using the following scale:

	5 – Exceptional 3 - Average 1 – Poor		Good Marginal not rated
Attitude of sales & staffin Quality of information pro Speed of submissions to service Abator's representation of skills/experience.	ovided to you. your request(s) for	 	Responsiveness to your questions. Completeness/adequacy of information provided. Quality & completeness of submission packages (proposal, quote, resume, etc.) Resume format (ease in review)
In general:			
Abator's invoicing practic Performance evaluations Abator's contract language Communications with cor Honesty/integrity of corp Consistency of accurate i	participation. ge. porate office. orate staff.		Abator's reference practices & procedures. Abator's submission practices & procedures Abator's quote or proposal language. Communications with regional office (when appropriate). Timeliness of statements & reports. Ease of routine forms (timesheets/status reports).
Would you accept another consultant through Abator? (If not, why?)			
Would you recommend Abator to a colleague? (If not, why?)			
Statistically speaking How many vendors do you generally work with?			
What other services could Abator provide to you?			
What other information could Abator provide which would be helpful?			
Suggestions or additional c	omments:		