



## CLIENT FEEDBACK FORM

Thank you for visiting ABEX Affiliated Brokers Exchange Inc.  
We welcome your questions, comments, and suggestions regarding the provision of our services.  
Your feedback is important to help us serve you better.

Please tell us the date and approximate time of your visit/call/email?


Did we respond to your customer service needs during that visit/call/email?


Please describe your experience:


Did you have any problems or issues with our services?




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Please add any other comments you may have.


Would you like an ABEX representative to follow up with you regarding your feedback?

Yes  No

If yes, please complete your contact information:

First Name:

Last Name:

Address:

- By telephone (daytime number):
- By e-mail (address):
- Other:

Thank you.

Please click on 'Submit' button above or e-mail your form to  
[service@abexinsurance.com](mailto:service@abexinsurance.com)

or mail to: ABEX Affiliated Brokers Exchange Inc.  
139 Northfield Dr W, Suite 206  
Waterloo, ON N2L 5A6

You can also send your feedback through a form on our website  
at [www.abexinsurance.com/contact-us](http://www.abexinsurance.com/contact-us)

*Personal information on this form will be kept confidential and will be used for the purposes of responding to your customer service feedback. For information on our Privacy Policy, please visit [www.abexinsurance.com/privacy-policy](http://www.abexinsurance.com/privacy-policy).*