



CLIENT SERVICE ACCESSIBILITY FEEDBACK FORM

Thank you for visiting ABEX Affiliated Brokers Exchange Inc.
We welcome your questions, comments, and suggestions regarding the provision of our services to people with disabilities.
We value all of our customers and strive to meet everyone's needs. Your feedback is important to help us serve you better.

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

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

Was our customer service provided to you in an accessible manner?

Did you have any problems or issues accessing our services?



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

marijana.dabic@abexinsurance.com

or mail to: ABEX Affiliated Brokers Exchange Inc.

231 Shearson Cres, Suite 304

Cambridge, ON N1T 1J5

You can also send your feedback through a form on our website

at <https://www.abexinsurance.com/contact/>

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