

Water, Fire, Smoke, Trauma, Mold, Repairs, Infrared

CERTIFICATE OF SATISFACTION

| Customer: | mer: Vivian Lee Whalen | | | | | |
|---|------------------------|------------------------|--------------|----------------|---|--|
| Company: | State Farm | | | | | |
| Did Purofirst respond to your emergency call promptly? | | | | Yes/No | Yes | |
| Did our employees present themselves professionally? | | | | Yes/No | Yes | |
| Comment: These two men managed to make our family feel safe by working very late to get a job done. Angel and Milton give your company a good name and I would be happy to endorse your company to anyone because of their very hard work. | | | | | | |
| Did Purofirs | t complete tl | ne claim in a satisfac | tory manner? | Yes/No | Yes | |
| How do you rate Purofirst's performance? Excellent | | | | | | |
| (E) | | | | (Excellent, Go | (Excellent, Good, Satisfactory, Fair, Unsatisfactory) | |
| Additional Comment: Every question asked was answered and I am sure these two men tired of | | | | | | |
| them, but never showed us anything but respect. | | | | | | |
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The loss or damage for which this claim is made has been repaired or restored to my/our full satisfaction.

Each Purofirst office is Independently owned and operated.