

## ACCESSIBILITY FEEDBACK FORM

Thank you for visiting Axiom Mutual Insurance Company. We value all of our Members and strive to meet everyone's needs.

Please tell us the date & time of your visit:

Date of visit:

Time of visit:

Did we respond to your customer service needs today?      Yes              No

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

Yes                      Somewhat                      No

If **no**, please explain:

Did you have any problems accessing our goods and services?

Yes                      Somewhat                      No

If **yes**, please explain:

Please add any other comments you may have:

Contact Information (optional – if you would like to hear back from us):

Name:

Email:

Phone:

Thank you,  
Axiom Mutual Insurance Company

Once complete please submit to: [hr@axiommutual.ca](mailto:hr@axiommutual.ca)