

[Date]

[Policyholder Name]

[Business Name]

[Address Line 1]

[City, State, Zip Code]

Re: Thank You for Your Feedback Regarding Claim #[Claim Number]

Dear [Policyholder Name],

Thank you for taking the time to complete our Commercial Liability Claim Satisfaction Survey. We have received your responses and appreciate the feedback you provided regarding your recent experience with our claims department.

Your input is vital to us as we strive to improve our services and ensure that we are meeting the needs of our business partners. We are committed to providing efficient and fair resolutions to all commercial liability matters, and your comments help us identify areas where we can excel or improve.

If you indicated any specific concerns in your survey, a member of our management team may reach out to you shortly to discuss them further. Otherwise, please feel free to contact us at [Phone Number] or [Email Address] if you have any additional questions regarding your closed claim.

We value your business and look forward to continuing to protect your company's interests.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]