

J.D. POWER



2023 U.S. Auto Claims Satisfaction (ACS) StudySM

QUESTIONNAIRE

October 2023

Insurance

J.D. POWER

INTRODUCTION

U.S. Auto Claims Satisfaction (ACS) Study Questionnaire

Welcome! You have been randomly selected to participate in an important J.D. Power study regarding insurance.

Your responses are confidential.

This survey will take approximately **20-25** minutes to complete.

Click [here](#) **[PROG: INSERT LINK: jdpower.com/privacy]** for our Privacy Policy.

Please note: This survey is optimized so it can be taken on a device of any screen size. For ease of viewing on a mobile device, rotate your screen horizontally.

SCREENER

[PROG: ASK ALL]

S1. Which of the following insurance products or services do you have? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, RANDOMIZE HEADERS AND WITHIN HEADERS]

Residence

- 1 Auto Insurance
- 2 Homeowners insurance (primary residence)
- 3 Homeowners insurance (secondary residence)
- 4 Valuable possessions insurance
- 5 Flood insurance
- 6 Earthquake insurance
- 7 Renters insurance

Other Insurance Products

- 8 Umbrella protection/Liability coverage
- 9 Roadside assistance/Auto club membership
- 10 Boat insurance
- 11 Recreational vehicle insurance (e.g., motorcycle, RV, ATV, etc.) [A: Recreational vehicle insurance]
- 12 Identity theft insurance

Life and Health

- 13 Life insurance (through work)
- 14 Life insurance (not through work)
- 15 Health insurance (through work)
- 16 Health insurance (not through work)

Financial Services

- 17 Financial planning/Investment services
- 18 Banking/Mortgage services
- 0 None of these **[PROG: FIXED, EXCLUSIVE]**

[PROG: IF S1 NE 1 TERMINATE]

[PROG: ASK ALL]

S2. Have you filed a claim in the past 12 months for any of the following products? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=SAME AS S1]

[PROG: ONLY SHOW RESPONSES SELECTED IN S1]

Residence

- 1 Auto Insurance
- 2 Homeowners insurance (primary residence)
- 3 Homeowners insurance (secondary residence)
- 4 Valuable possessions insurance
- 5 Flood insurance
- 6 Earthquake insurance
- 7 Renters insurance

Other Insurance Products

- 8 Umbrella protection/Liability coverage
- 9 Roadside assistance/Auto club membership
- 10 Boat insurance
- 11 Recreational vehicle insurance (e.g., motorcycle, RV, ATV, etc.) [A: Recreational vehicle insurance]
- 12 Identity theft insurance

Life and Health

- 13 Life insurance (through work)
- 14 Life insurance (not through work)
- 15 Health insurance (through work)
- 16 Health insurance (not through work)

Financial Services

- 17 Financial planning/Investment services **[PROG: TERMINATE]**
- 18 Banking/Mortgage services **[PROG: TERMINATE]**
- 0 None of these **[PROG: FIXED, EXCLUSIVE]**

[PROG: IF S2 NE 1 TERMINATE]

[PROG: ASK ALL]

A2. How many months ago did you **file** your most recent auto insurance claim?

[PROG: FORCED, NUMERIC, RANGE 0-12]

Enter 0 if less than 1 month ago.

[TEXT BOX] Month(s) ago

- 96 More than 12 months ago **[PROG: TERMINATE]**
- 98 Never **[PROG: TERMINATE]**
- 99 Don't know **[PROG: TERMINATE]**

[PROG: IF A2 GREATER than 9, TERMINATE]

[PROG: ASK IF A2=7 thru 9]

A2b. How many months ago did you settle your most recent auto insurance claim (e.g., received payment, vehicle repaired, etc.)? [A: When claim was settled – months]

[PROG: FORCED, NUMERIC, RANGE 0-12]

Enter “0” if less than 1 month ago.

[TEXT BOX] Month(s) ago **[PROG: A2b CANNOT BE GREATER THAN A2]**

99 Don't know **[PROG: TERMINATE]**

[PROG: IF A2b=10 thru 12 TERMINATE]

[PROG: ASK ALL]

P11. At the time of the claim, what was the zip code on your insurance policy (i.e. your address)? [A: Zip code]

[PROG: NUMERIC, FORCED, 5 DIGITS]

[NUMERIC BOX]

9999999 Don't know **[PROG: EXCLUSIVE, TERMINATE]**

[PROG: AUTOPUNCH A3 BASED ON ZIP ENTERED AT P11. SEE ZIP CODE FILE]

A3. Please confirm the state of your address on your insurance policy at the time of the claim. [A: State]

[PROG: HIDE, SINGLE RESPONSE, FORCED]

- 1 Alabama
- 2 Alaska
- 4 Arizona
- 5 Arkansas
- 6 California
- 8 Colorado
- 9 Connecticut
- 10 Delaware
- 11 District of Columbia
- 12 Florida
- 13 Georgia
- 15 Hawaii
- 16 Idaho
- 17 Illinois
- 18 Indiana
- 19 Iowa
- 20 Kansas
- 21 Kentucky
- 22 Louisiana
- 23 Maine
- 24 Maryland
- 25 Massachusetts
- 26 Michigan
- 27 Minnesota
- 28 Mississippi
- 29 Missouri
- 30 Montana
- 31 Nebraska
- 32 Nevada
- 33 New Hampshire
- 34 New Jersey
- 35 New Mexico

- 36 New York
- 37 North Carolina
- 38 North Dakota
- 39 Ohio
- 40 Oklahoma
- 41 Oregon
- 42 Pennsylvania
- 44 Rhode Island
- 45 South Carolina
- 46 South Dakota
- 47 Tennessee
- 48 Texas
- 49 Utah
- 50 Vermont
- 51 Virginia
- 53 Washington
- 54 West Virginia
- 55 Wisconsin
- 56 Wyoming

[PROG: ASK ALL]

A9_1. Which auto insurance company was your vehicle insured with at the time of the claim? Begin typing in at least two characters of the name of your insurer and then select it from the list that appears. [A: Insurer AutoFill]

[PROG: SINGLE RESPONSE, FORCED]

[PROG: Standard Smart Text]

- 996 1st Trusted Insurance **[PROG: TERMINATE]**
- 1 21st Century
- 12 AAA (American Automobile Association)
- 132 AARP (from insurer other than The Hartford)
- 131 AARP (from The Hartford)
- 125 Acceptance
- 168 Access Insurance
- 67 Automobile Club Group (AAA)
- 71 Acuity
- 4 AIG
- 28 Alfa Insurance
- 29 Allied
- 13 Allstate
- 69 American Express
- 14 American Family
- 175 American General Life
- 72 American Modern
- 73 American National Property & Casualty (ANPAC)
- 130 Ameriprise
- 2 Amica
- 30 Arbella
- 152 Arkansas Farm Bureau
- 108 Atlanta
- 64 Automobile Club of Southern California (AAA)
- 31 Auto-Owners Insurance
- 109 Badger Mutual
- 74 Balboa
- 110 Bear River Mutual
- 75 Brethren Mutual
- 111 Bristol West
- 70 California Casualty
- 76 Central Insurance
- 32 Chubb

- 33 Cincinnati Insurance
- 34 Citizens
- 35 Colonial Penn
- 153 Colorado Farm Bureau
- 77 Concord
- 142 Consumers County Mutual
- 78 Cotton States
- 37 COUNTRY (COUNTRY Insurance, COUNTRY Financial)
- 166 Country-Wide Insurance
- 66 CSAA Insurance Group (AAA)
- 38 Dairyland
- 112 Direct (General)
- 80 Donegal
- 124 Drive Insurance
- 82 Electric Insurance
- 163 Elephant Insurance
- 81 EMC
- 5 Encompass
- 6 Erie Insurance
- 113 Esurance
- 141 Farm Bureau Mutual Group
- 154 Farm Bureau Mutual Insurance Company of Idaho
- 155 Farm Bureau of Missouri
- 15 Farmers
- 83 Farmers Alliance
- 23 Fireman's Fund
- 149 First Acceptance
- 114 First Trenton
- 156 Florida Farm Bureau
- 68 Foremost
- 126 Frankenmuth
- 146 Fred Loya Insurance
- 16 GEICO
- 41 General Accident
- 42 General Casualty
- 40 General Electric (GE)
- 144 Georgia Farm Bureau
- 85 Germania
- 127 Grange Insurance
- 26 Great American
- 115 Grinnell
- 44 GuideOne
- 46 Harleysville
- 86 Hastings
- 128 High Point
- 143 Home State County Mutual Insurance
- 134 Homesite
- 47 Horace Mann Insurance Group
- 87 IMT
- 145 Indiana Farm Bureau
- 123 Indiana Insurance
- 116 Infinity
- 995 Insurance of JDP **[PROG: TERMINATE]**
- 176 John Hancock
- 48 Kemper
- 139 Kentucky Farm Bureau
- 138 Kingsway America Group
- 7 Liberty Mutual
- 171 Lincoln Financial Group
- 157 Louisiana Farm Bureau

173	Manulife Financial
178	MAPFRE Insurance (formerly known as MAPFRE-Commerce Insurance)
172	Massachusetts Mutual (MassMutual)
49	Merchants Mutual
25	Mercury
135	Merrimack Mutual
147	Michigan Farm Bureau Group
150	Mississippi Farm Bureau
89	Motorists
90	MSI
91	Mutual of Enumclaw
24	National General (formerly known as GMAC)
50	National Grange
18	Nationwide
51	New Jersey Manufacturers (NJM)
52	New York Central Mutual
169	New York Life
51	NJM
51	NJ Manufacturers (NJM)
158	Nodak Mutual Insurance Company
140	North Carolina Farm Bureau
170	Northwestern Mutual
53	Ohio Casualty
133	Ohio Mutual
159	Oklahoma Farm Bureau
3	OneBeacon
92	Oregon Mutual
117	Palisades
54	Peerless
93	Pekin
27	PEMCO Insurance
94	Penn National
164	Permanent General Insurance
118	Plymouth Rock Assurance (formally known as High Point Insurance & Palisades)
95	Preferred Mutual
19	Progressive
9	Prudential
96	Quincy
97	Royal Sun and Alliance
160	Rural Mutual Insurance Company
120	Safe Auto
10	Safeco
55	Safety Insurance
119	Safeway
98	Secura
56	Selective
57	Sentry
100	Shelby
58	Shelter
161	South Carolina Farm Bureau
136	Southern Farm Bureau
59	State Auto
20	State Farm
137	Tennessee Farm Bureau
151	Texas Farm Bureau
101	TexasSelect
298	The General
45	The Hanover
17	The Hartford
121	Titan

- 174 Transamerica (AEGON)
- 11 Travelers
- 102 Unigard
- 148 United Automobile Insurance
- 65 Unitrin Direct
- 21 USAA
- 61 USF&G
- 103 Utica National
- 104 Vermont Mutual
- 122 Viking
- 162 Virginia Farm Bureau
- 105 Wawanesa
- 106 Wells Fargo
- 107 West Bend
- 129 Western National
- 60 Westfield
- 997 Can't find my insurer **[PROG: EXCLUSIVE] [PROG: Fixed within smartext]**
- Don't know **[PROG: EXCLUSIVE, SHOW AS ALWAYS PRESENT CHECKBOX BELOW THE AUTOFILL ENTRY OPTION, TERMINATE]**
- 999

[PROG: ASK IF A9_1=997]

A9B. Which auto insurance company was your vehicle insured with at the time of the claim? [A: Insurer]

[PROG: SINGLE RESPONSE, FORCED, DISPLAY ALL INSURERS BELOW SPLIT BETWEEN 3 COLUMNS IN ALPHA ORDER]

- 996 1st Trusted Insurance **[PROG: TERMINATE]**
- 12 AAA (American Automobile Association)
- 67 Automobile Club Group (AAA)
- 13 Allstate
- 14 American Family
- 2 Amica
- 64 Automobile Club of Southern California (AAA)
- 31 Auto-Owners Insurance
- 37 COUNTRY Financial
- 66 CSAA Insurance Group (AAA)
- 6 Erie Insurance
- 15 Farmers
- 16 GEICO
- 45 The Hanover
- 17 The Hartford
- 48 Kemper
- 7 Liberty Mutual
- 36 MAPFRE Insurance (formerly known as MAPFRE-Commerce Insurance)
- 25 Mercury
- 24 National General
- 18 Nationwide
- 51 New Jersey Manufacturers (NJM)
- 19 Progressive
- 10 Safeco
- 58 Shelter
- 20 State Farm
- 11 Travelers
- 21 USAA
- 997 Other insurer **[PROG: TERMINATE]**
- 999 Don't know **[PROG: TERMINATE]**

[PROG: ASK ALL]

A13. Which auto insurer did you **primarily** work with during your claims process? [A: Primary insurer handled claim]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 [PIPE IN PROVIDER FROM A9] primarily handled my claim [A: Insurer primarily handled my claim]
- 2 Another insurance company primarily handled my claim **[PROG: TERMINATE]**

[PROG: ASK ALL]

A18. Which best describes your involvement with the insurer in the claims process? [A: Involvement in Claim]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Sole contact
- 2 Joint contact (e.g., you and someone else in your family) [A: Joint contact]
- 3 Someone else was the contact **[PROG: TERMINATE]**

[PROG: ASK ALL]

A14. Which of the following applies to your most recent auto claim? [A: Claim denied, dropped, or covered]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 My claim was denied **[PROG: TERMINATE]**
- 2 I dropped the claim or decided to no longer pursue a settlement **[PROG: TERMINATE]**
- 3 The other car was covered but my damages were not covered **[PROG: TERMINATE]**
- 4 The damage was less than my deductible **[PROG: TERMINATE]**
- 5 [PROG: PIPE A9] paid for the damage to my vehicle (i.e., settled the claim) [A: Insurer paid for the damage to my vehicle]

[PROG: ASK ALL]

S3. Which of the following applies to your most recent auto claim? Mark all that apply. [A: Reason for claim – type and injuries]

[PROG: MULTIPLE RESPONSE, FORCED, CANNOT SELECT BOTH 1 AND 2 TOGETHER, ORDER=AS SPECIFIED]

Claim Type

- 1 Collision or other damage to my vehicle, including vandalism, weather or animal damage, etc. (more than glass/windshield repair) [A: Collision or physical damage]
- 2 Glass/Windshield damage **only** (no other damage to vehicle) **[PROG: TERMINATE]** [A: Glass/windshield damage ONLY]
- 3 Vehicle was stolen **[PROG: TERMINATE]** [A: Stolen vehicle]
- 5 Contents of vehicle were stolen **[PROG: TERMINATE IF ONLY RESPONSE]** [A: Stolen contents]
- 6 Tow or flat tire (e.g., roadside assistance) **[PROG: TERMINATE IF ONLY RESPONSE]** [A: Tow or flat tire]

Injuries

- 7 Injuries that required medical treatment
- 8 Injuries that did not require medical treatment
- 9 No injuries **[PROG: CAN NOT BE SELECTED IF 7 OR 8 ARE SELECTED]**
- 97 Other **[PROG: TERMINATE IF ONLY RESPONSE]**

[PROG: IF S3<>1 TERMINATE]

[PROG: ASK ALL]

A17. Thinking only of the portion of your claim related to your vehicle damage, is the claim...? [A: Claim settled or in process]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Settled (i.e., claim has been paid and/or car has been fixed) [A: Settled]
- 2 Still in process **[PROG: TERMINATE]**

[PROG: ASK ALL]

A19. At the time of the claim, was your vehicle...? [Vehicle – type]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 A personal vehicle you owned or financed
- 2 A personal vehicle you leased
- 3 A company vehicle **[PROG: TERMINATE]**
- 4 A rental vehicle **[PROG: TERMINATE]**

[PROG: ASK ALL]

B3. Did the insurer determine your vehicle was...? [A: Repairable or Total Loss Vehicle]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Repairable
- 2 Total loss (totaled)

[PROG: IF B3=1]

B4. How was the vehicle repaired? [Vehicle repair – type]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Vehicle was repaired at a repair facility
- 2 I repaired the vehicle myself or friend/relative repaired (did not use a shop) [A: Repaired the vehicle myself or friend/relative repaired]
- 3 I have not had the vehicle repaired

[PROG: ASK ALL]

NPS1. How likely are you to recommend [PROG: PIPE A9] to a friend, relative or colleague? [A: Likelihood to recommend NPS]

[PROG: SINGLE RESPONSE, FORCED, ORDER=FIXED, STANDARD NPS GRID]

- 0 Not at all likely
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Extremely likely

NPS2. What is the primary reason for your rating? [A: Primary reason for NPS rating]

[PROG: TEXT, FORCED, 1024 CHARACTER LIMIT]

[TEXT BOX]

98 No comment **[PROG: EXCLUSIVE]**

AUTO CLAIM INFORMATION

Please tell us a bit more about your most recent auto claim experience.

[PROG: ASK ALL]

CI1. Which of the following coverages did you have at the time of the claim? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Liability
- 2 Collision
- 3 Comprehensive
- 4 Property protection
- 5 Personal injury protection (Medical) [A: Personal injury protection]
- 6 Rental vehicle
- 7 Rideshare credit
- 8 Roadside assistance
- 9 Uninsured/Underinsured motorist
- 10 Gap coverages
- 99 Don't know **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK ALL]

CI2. How much is your deductible amount? [A: Amount of deductible]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Less than \$250
- 2 \$250 - \$499
- 3 \$500 - \$999
- 4 \$1,000 - \$1,999
- 5 \$2,000 or more
- 99 Don't know

[PROG: ASK ALL]

B10a-c. What is the make, model, and model year of your vehicle that was involved in this claim? **[PROG: CREATE 2 DROP DOWN MENUS; B10c IS NUMERIC, [PROG: FOR CURRENT YEAR RANGE 1952 - CURRENT YEAR + 1]**

B10a. Make **[PROG: DROP DOWN MENU]** [A: Vehicle Make]

- 1011 Acura
- 1055 Alfa Romeo
- 1012 Audi
- 1057 Bentley
- 1013 BMW
- 1014 Buick
- 1015 Cadillac
- 1016 Chevrolet
- 1017 Chrysler
- 1018 Dodge
- 1021 Fiat
- 1022 Fisker
- 1023 Ford
- 1058 Genesis
- 1024 GMC
- 1025 Honda
- 1026 HUMMER
- 1027 Hyundai

1028 Infiniti
1029 Isuzu
1030 Jaguar
1031 Jeep
1032 Kia
1033 Land Rover
1034 Lexus
1035 Lincoln
1062 Lordstown
1061 Lucid
1036 Maserati
1037 Mazda
1038 Mercedes-Benz
1039 Mercury
1040 MINI
1041 Mitsubishi
1042 Nissan
1056 Oldsmobile
1043 Pontiac
1044 Porsche
1059 Polestar
1019 Ram
1060 Rivian
1045 SAAB
1046 Saturn
1052 Scion
1047 smart
1020 SRT
1048 Subaru
1049 Suzuki
1050 Tesla
1051 Toyota
1063 VinFast
1053 Volkswagen
1054 Volvo
9997 OTHER

[PROG: ASK ALL]

B10b. Model [A: Vehicle Model]

[PROG: ASK ALL]

B10c. Model Year **[PROG: NUMERIC, FROM 1/1/2022-12/31/2022 RANGE 1953-2023, FROM 1/1/2023-12/31/2023 RANGE 1953-2024]** [A: Vehicle Year]

[PROG: ASK ALL]

B10d. Is your vehicle involved in the claim an electric vehicle? [A: Electric vehicle]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

1 Yes, fully electric
2 Yes, hybrid electric
0 No
99 Don't know

[PROG: ASK ALL]

CI8. How would you describe any existing damage to your vehicle **prior** to the incident? [A: Vehicle condition prior to incident]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Significant (i.e., noticeable damage to the body of the car or rusting) [A: Significant]
- 2 Minor (i.e., cosmetic scratches or small dents) [A: Minor]
- 0 None

[PROG: ASK ALL]

D7. Which of the following features were on your vehicle that was involved in this claim? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Blind spot detection/warning
- 2 Lane-keeping/centering system
- 3 Back-up camera
- 4 Adaptive cruise control
- 5 Forward collision warning/emergency braking
- 0 Don't have any of these features **[PROG: EXCLUSIVE, FIXED]**
- 99 Don't know **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK ALL]

A12a. How many vehicles were involved in the incident that resulted in you filing a claim? [A: Number of vehicles involved in incident]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 1 (my vehicle only)
- 2 2
- 3 More than 2 vehicles

[PROG: ASK ALL]

CI3. Was a police report created? [A: Police report]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes, at the scene of the accident
- 2 Yes, after I left the scene of the accident
- 0 No

[PROG: ASK ALL]

B6. Did your vehicle need to be towed? [A: Vehicle towed]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF B6=1]

CI4. How long did it take for the tow truck to arrive? [A: Time waiting for tow]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Less than 30 minutes
- 2 30 to 60 minutes
- 3 More than 1 hour
- 99 Don't know

[PROG: ASK ALL]

CI5. Where was the car damaged? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Front
- 2 Rear
- 3 Driver side
- 4 Passenger side
- 97 Other

[PROG: ASK ALL]

B11. Did [PROG: PIPE A9] determine you were at fault for this incident? [A: Determined at fault for incident]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes – partially responsible [A: Partially at fault]
- 2 Yes – fully responsible [A: Fully at fault]
- 0 No
- 99 Not applicable

[PROG: ASK IF B11=1 OR 2]

B12. Do you agree that you were [PROG: IF b11=1 PIPE IN, “partially responsible”, if b11=2 PIPE IN “fully responsible”, for the incident?

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF B3=1 AND B4 NE 3]

CI9. How much was the total repair cost for your vehicle (including your deductible)? [A: Total repair cost]

[PROG: NUMERIC, FORCED, RANGE 0 – 999999]

[NUMERIC BOX] Total repair cost

9999999 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK IF B3=2]

CI10. How much was the total loss offer for your vehicle? [A: Total loss offer]

[PROG: NUMERIC, FORCED, RANGE 0 – 999999]

[NUMERIC BOX] Total loss offer

9999999 Don't know **[PROG: EXCLUSIVE]**

J.D. POWER

CLAIM REPORTING

U.S. Auto Claims Satisfaction (ACS) Study Questionnaire

Now for the next few questions, we'd like you to think about when you initially reported your claim to [PROG: PIPE A9].

[PROG: ASK ALL]

CR1. Prior to reporting your claim, how would you describe how you were feeling? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Calm
- 2 Overwhelmed
- 3 Angry
- 4 Anxious
- 5 Nervous
- 6 Optimistic
- 7 Pessimistic
- 8 Annoyed
- 9 Impatient
- 97 Other **[PROG: FIXED]**
- 99 Don't know **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK ALL]

C2. How did you report your claim? [A: How claim was reported - type]

[PROG: SINGLE RESPONSE, FORCED]

- 1 I called [PROG: PIPE A9] directly (1-800#) [A: I called insurer directly]
- 2 [PROG: PIPE A9]'s website [A: Insurer's website] **[PROG: IF A9 ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]**
- 5 In person at local agent office
- 6 Emailed [PROG: PIPE A9] directly [A: Emailed insurer directly]
- 7 Mobile app (e.g., smartphone or tablet) [A: Mobile app]
- 8 Called local agent and/or staff
- 10 Emailed local agent and/or staff
- 9 I was transferred to the [PROG: PIPE A9] call center by my agent [A: I was transferred to the insurer call center by my agent]
- 3 I reported the claim, but do not recall who I initially contacted
- 4 Someone else (e.g., another family member) reported the claim [A: Someone else reported the claim]
- 97 Other

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D2. Did you report the claim during...? [Claim reported – time of day]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 A weekend (Sat-Sun)
- 2 Weekday (Mon-Fri) during business hours (8am-5pm) [A: Weekday, business]
- 3 Weekday (Mon-Fri) during non-business hours [A: Weekday, non-business]
- 99 Don't know

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D5. During the initial claim report, how long did it take to report your loss? [A: FNOL – Loss report length in minutes]

[PROG: FORCED, NUMERIC, RANGE 0-99]

[TEXT BOX] Minute(s)

999 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK IF C2=1, 8 OR 9]

D6. [PROG: IF C2=9, SHOW "Other than when your agent transferred you, during"] [PROG: IF C2=1 OR 8, SHOW "During"] your initial claim report, were you transferred to another person? [A: FNOL - Transferred to another person]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 Don't know

[PROG: ASK IF C2=1, 8, OR 9]

D6b. During the initial claim report, were you placed on hold? [A: FNOL - Placed on hold]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D8. When did the following take place? [A: Services provided during FNOL]

If you do not have experience with an item, please check N/A.

[PROG: GRID, SINGLE RESPONSE, FORCED]

[PROG: COLUMN, ORDER=AS SPECIFIED]

- 1 During the initial claim report
- 2 Within 24 hours of the initial claim report
- 3 Later in the claims process
- 99 N/A

[PROG: ROW, ORDER=RANDOMIZED]

- A Rental car reservation was made
- B Tow was arranged [PROG: ONLY SHOW IF B6=1]
- C Estimate was scheduled
- D Repair facility options were provided
- E Repair facility was notified
- F Contact phone numbers were provided
- G Official statement of incident was recorded
- H Received rideshare credits
- I Submitted police report/other documents
- J Submitted damage photos

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D9. During the initial claim report, did you receive an explanation of your policy coverage? [A: FNOL - Explanation of policy coverage]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 Not needed

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D10. Did you receive an explanation of what to expect throughout the claims process? [A: FNOL – Receive explanation of claims process]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D10a. Was it clear what the next steps were for you in the claims process? [A: FNOL – Next step clarity]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

1 Yes

0 No

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D11. Did you have any questions during the initial claim report that were **not answered**? [A: FNOL – Had questions that were not answered]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

1 Yes

0 No

99 Did not have questions

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D13. Thinking back to how you felt after initially reporting your claim, did [PROG: (IF (C2=1 OR 9) PIPE IN “the representative(s) you dealt with” OR IF C2=8 OR 10, PIPE IN “your agent” OR IF C2=2, 3, 5, 6, 7 OR 97, PIPE IN “the process”] make you feel...? [A: FNOL – Ease]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

1 More at ease

3 About the same

2 Less at ease

[PROG: ASK IF D13=3 or IF D13=2]

D13c. What could [PROG: PIPE A9] have done to make you feel more at ease? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, RANDOMIZED]

1 Kept me informed on what to do next

2 Explained my coverage options

3 Showed concern for my situation

4 Provided services/information quicker

5 Simplified the process

6 Arrange alternate transportation/rental

97 Other

99 Nothing/Could not make me feel more at ease **[PROG: EXCLUSIVE]**

[PROG: ASK IF C2=1,2,5,6,7,8,10,9,3, OR 97]

D14. Using a 10-point scale, please rate your experience with initially reporting your claim on the following items.

[PROG: STANDARD ATTRIBUTE GRID, SINGLE RESPONSE, FORCED]

[PROG: ROW, ORDER=RANDOMIZE]

h) Ease of navigating through the phone system **[PROG: SHOW IF C2=1 OR C2=9]**

a) Thoroughness of explaining the claims process

b) Ease of reporting claim

c) Time it took to report claim

f) Representative’s concern for your situation **[IF C2=2 OR C2=7, Pipe in Provider from A9 instead of ‘Representative’]**

i) Helpfulness of the representative **[IF C2=2, Pipe in ‘website’ instead of ‘representative’; IF C2=7, Pipe in ‘mobile app’ instead of ‘representative’]**

[PROG: ASK ALL]

g) Overall, [PROG: PIPE A9]'s claim filing/reporting process **[PROG: FIXED VALID RESPONSES 1-10]** **[PROG: IF A9 ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]** [A: Overall, Insurer's claim filing/reporting process]

CLAIM TIMELINE

[IF B3=1 AND B4=1, ASK]

Now for a few questions about the timing of your claim.

J23. From the time you reported your claim, how long did it take until your vehicle was repaired and returned to you?
[A: J23]

[TEXT BOX] Day(s) **[PROG: SINGLE RESPONSE, FORCED, NUMERIC, RANGE 1-180]**

996 Not yet complete

999 Don't know **[PROG: EXCLUSIVE]**

For the following questions you will be asked to identify the timing of key events that may have taken place throughout the claims process. If any of the below happened on the same day you reported the claim, enter 0 in the text box.

[PROG: CREATE TABLE WITH A COLUMN FOR THE NUMERIC BOX AND A COLUMN FOR THE 99 'Don't know' RESPONSES; SHOW ALL ON ONE PAGE USING LOGIC TO DETERMINE WHICH QUESTIONS EACH RESPONDENT SHOULD SEE IN THE TABLE]

[PROG: SHOW ALL]

G2. Next contact after reporting claim (e.g., claim rep/agent/estimator) [A: Next contact after reporting claim]

[PROG: SINGLE RESPONSE, FORCED, NUMERIC, RANGE 0-98]

[NUMERIC BOX] Day(s) after claim reported

99 Don't know **[PROG: EXCLUSIVE]**

[PROG: SHOW ALL]

H5. Initial estimate conducted

[PROG: SINGLE RESPONSE, FORCED, NUMERIC, RANGE 0-98]

[NUMERIC BOX] Day(s) after claim reported

99 Don't know **[PROG: EXCLUSIVE]**

[PROG: SHOW IF B3=1 AND B4=1]

J7. Vehicle arrived at repair facility

[PROG: SINGLE RESPONSE, FORCED, NUMERIC, RANGE 0-180]

[NUMERIC BOX] Day(s) after claim reported

999 Don't know **[PROG: EXCLUSIVE]**

[PROG: SHOW ALL]

L1. Initially informed of settlement terms (i.e., amount to be covered) [A: Initially informed of settlement terms]

[PROG: SINGLE RESPONSE, FORCED, NUMERIC, RANGE 0-98]

[NUMERIC BOX] Day(s) after claim reported

99 Don't know **[PROG: EXCLUSIVE]**

[PROG: SHOW IF B3=2]

H7. Vehicle declared total loss

[PROG: SINGLE RESPONSE, FORCED, NUMERIC, RANGE 0-98]

[NUMERIC BOX] Day(s) after claim reported

99 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK IF B3=2]

L36b_new. Payment for total loss received [A: Days until total loss payment]

[PROG: SINGLE RESPONSE, FORCED, NUMERIC, RANGE 0-98]

[NUMERIC BOX] Day(s) after claim reported

996 Did not receive payment for claim

99 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK IF B3=1]

L24d Initial payment for the repair work [A: Days until repairable payment]

[PROG: SINGLE RESPONSE, FORCED, NUMERIC, RANGE 0-98]

[TEXT BOX] Day(s) after claim reported

99 Don't know **[PROG: EXCLUSIVE]**

RENTAL CAR

[PROG: ASK ALL]

Now we'd like to ask you a few questions about the transportation you used during the claim.

K1_new. At the time of the claim, did your insurance policy include coverage that would pay for either all or part of the cost of a rental car (whether you used a rental car or not)? [A: Insurance policy included coverage for rental car]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes, and I was aware that I had rental car coverage prior to reporting the claim
- 2 Yes, but I was **not aware** that I had rental car coverage prior to reporting the claim
- 3 No, but I thought I had rental car coverage prior to reporting the claim **[PROG: DO NOT SHOW IF C11=6]**
- 4 No, and I knew I didn't have rental car coverage prior to reporting the claim **[PROG: DO NOT SHOW IF C11=6]**
- 99 Don't know

[PROG: ASK IF C11=6]

RC4. How did [PROG: PIPE A9] help with getting a rental car set up? Mark all that apply. [A: Help provided with rental car]

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 [PROG: PIPE A9] directed me to a rental company website/app [A: Insurer directed me to a rental company website/app]
- 2 [PROG: PIPE A9] provided rental company information to contact on my own [A: Insurer provided rental company information to contact on my own]
- 3 [PROG: PIPE A9] provided confirmation number and contact information when I reported my claim [A: Insurer provided confirmation number and contact information when I reported my claim]
- 4 I didn't use a rental car **[PROG: EXCLUSIVE]**
- 97 Other **[PROG: FIXED]**

[PROG: ASK IF RC4=4]

RC5. Why did you not use a rental car during your claim? [A: Reason for not using rental car]

[PROG: OPEN END, FORCED]

[PROG: TEXT BOX, MAX CHARACTERS 1024]

[PROG: ASK IF C11=6 AND RC4<>4]

K4. Which rental car company supplied the rental vehicle? [A: Rental Company]

[PROG: SINGLE RESPONSE, FORCED, ORDER=ALPHA]

- 1 Advantage Rent A Car
- 2 Alamo
- 3 Avis
- 4 Budget
- 5 Dollar
- 6 Enterprise
- 7 Fox Rent A Car
- 8 Hertz
- 9 National
- 10 Payless
- 11 Thrifty
- 97 Other

[PROG: ASK IF C11=6 AND RC4<>4]

RC1. Did you have a choice of which rental car company you wanted to use? [A: Ability to choose rental company]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF C11=6 AND RC4<>4]

RC2. How many days after the accident did you have to wait to get your rental car? [A: Rental availability timeframe]

[PROG: SINGLE RESPONSE, NUMERIC OPEN END, FORCED, RANGE 1-10]

[NUMERIC BOX] Number of days

- 0 Had rental car same day as accident **[PROG: EXCLUSIVE]**
- 996 More than 10 days after accident **[PROG: EXCLUSIVE]**
- 999 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK IF C11=6 AND RC4<>4]

K5. Compared to the vehicle involved in this claim, was your rental vehicle...? [A: Rental vehicle – type]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 3 A **lower** class/model of vehicle (smaller or less expensive) [A: A lower class/model of vehicle]
- 1 About the same
- 2 A **higher** class/model of vehicle (larger or more expensive) [A: A higher class/model of vehicle]

[PROG: ASK IF C11=6 AND RC4<>4]

K5a. Compared to the vehicle involved in this claim, was your rental vehicle...? [A: Rental vehicle – year]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 An older model year of vehicle involved in claim [A: An older model year vehicle]
- 2 Same year of vehicle involved in claim [A: A same model year vehicle]
- 3 A new model year of vehicle involved in claim [A: A newer model year vehicle]

[PROG: ASK IF C11=6 AND RC4<>4]

K6_new. Did your rental coverage cover you [PROG: IF B3=1 PIPE 'until your car was returned from repairs?'; IF B3=2 PIPE 'until you were able to purchase/lease a new vehicle?'] [A: Rental coverage covered through repairs/new vehicle]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF C11=6 AND RC4<>4]

K6. How many days did you use your rental vehicle? [A: Used rental – number of days]

[PROG: FORCED, NUMERIC, RANGE 1-180]

[TEXT BOX] Day(s)

9999 Don't know [PROG: EXCLUSIVE]

[PROG: ASK IF C11=6 AND RC4<>4]

K13. Which of the following issues, if any, did you have with your rental car provided by [PROG: PIPE A9]? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, RANDOMIZE WITHIN SUBHEADERS]

Timing/Coverage

- 1 Delay in picking up the rental car
- 2 Had to return the rental car earlier than desired
- 3 Charged for extra rental days
- 4 Needed to request an extension because rental car duration was not long enough
- 14 Process took too long
- 15 Process too complicated

Vehicle

- 6 Performance of rental car
- 7 Smell of rental car
- 8 Features/Amenities in rental car
- 9 Comfort of rental car
- 10 Damage to exterior of vehicle (i.e., dings, dents, scratches, etc.) [A: Damage to outside of vehicle]
- 11 Damage to the interior of vehicle (i.e., holes in fabric, scratches on dashboard, etc.) [A: Damage to inside of vehicle]
- 12 Exterior of car was dirty (e.g., had not been washed) [A: Exterior of car was dirty]
- 13 Interior of car was dirty (i.e., trash in vehicle, sticky/messy cupholders, etc.) [A: Interior of car was dirty]
- 97 Other [PROG: FIXED]
- 0 Did not experience any issues with rental car coverage

[PROG: EXCLUSIVE, FIXED]

[PROG: ASK IF C11=6 AND RC4<>4]

K7. Who paid for your rental vehicle? [A: Who paid for rental]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 [PROG: PIPE A9] paid the **total** rental cost [A: Insurer paid the total rental cost]
- 2 I paid a **portion** of the rental cost [A: I paid a portion of the rental cost]
- 3 Another insurance company paid, not [PROG: PIPE A9] [A: Another insurance company paid]
- 4 I paid the **total** cost [A: I paid the total cost]
- 97 Other
- 99 Don't know

[PROG: ASK IF K7=1, 2, OR 4]

K7a. How much was paid for the rental vehicle? [Rental vehicle costs]

[PROG: NUMERIC, FORCED, RANGE 0 – 500]

K7a: [NUMERIC] Amount paid by [PROG: PIPE A9] (enter 0 if didn't pay) [PROG: SHOW IF K7=1 OR 2]

K7b: [NUMERIC] Amount I paid (enter 0 if didn't pay) [PROG: SHOW IF K7=2 OR 4]

9999 Don't know [PROG: EXCLUSIVE]

[PROG: ASK IF K7=2 OR 4]

K8. Why did you have out-of-pocket costs for your **rental car**? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Rental car was not covered by policy [PROG: SHOW ONLY IF K7=4]
- 2 I exceeded my maximum limit for total rental costs
- 3 My daily coverage was not enough money per day
- 4 I chose to upgrade or pay more for a different car than what the insurer covered
- 5 I purchased additional insurance from the rental car company
- 6 I paid extra days the insurer did not cover
- 97 Other

[PROG: ASK IF C11=7]

RS1. Which rideshare company did you use? Mark all that apply. [A: Rideshare company used]

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=ALPHA]

- 1 Lyft
- 2 Uber
- 3 Carma
- 4 Relay Rides
- 5 Sidecar
- 6 Ridejoy
- 7 Getaround
- 8 JustShareIt
- 9 Zimride
- 10 Car2Go
- 97 Other **[PROG: SPECIFY, FIXED]**
- 99 Did not use rideshare **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK IF C11=7 AND RS1<>99]

RS2. Were rides generally available when you needed them? [A: Rideshare availability]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF C11=7 AND RS1<>99]

RS3. Did you have enough rideshare credits to cover all the trips you needed? [A: Sufficient rideshare credits]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF C11=7 AND RS1<>99]

RS4. How satisfied were you with your rideshare coverage? [A: Satisfaction with rideshare coverage]

[PROG: STANDARD ATTRIBUTE GRID, SINGLE RESPONSE, FORCED]

[PROG: ASK IF (C11<>6 OR 7) OR (RC4=4 OR RS1=99) OR K1_NEW=3 OR 4 OR 99]

RC6. Did you use any of the following transportation during the claim process? Mark all that apply. [A: Other transportation used]

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Have another vehicle
- 2 Rideshare services **[PROG: DO NOT SHOW IF RS1=99]**
- 3 Borrowed a family/friend vehicle
- 4 Family/Friend drove me around
- 5 Public transportation

- 6 Rental car **[PROG: DO NOT SHOW IF RC4=4]**
 97 Other **[PROG: FIXED]**
 0 Did not use transportation during the claim **[PROG: EXCLUSIVE]**

[PROG: ASK IF ((K1_NEW=2 OR 3 OR 99) OR (RS1=99 OR RC4=4)) AND RC6<>0]

RC3. Who paid for your alternate transportation during the claim process? [A: Who paid for transportation – no rental/rideshare]

[PROG: SINGLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 [PROG: PIPE A9] paid the **total** cost [A: Insurer paid the total cost]
 2 I paid a **portion** of the cost [A: I paid a portion of the cost]
 3 Another insurance company paid, not [PROG: PIPE A9] [A: Another insurance company paid]
 4 I paid the **total** cost [A: I paid the total cost]
 97 Other
 99 Don't know

[PROG: ASK IF C11=6 AND RC4<> 4]

K11. Using a 10-point scale, please rate your rental experience on the following items.

[PROG: STANDARD ATTRIBUTE GRID, SINGLE RESPONSE, FORCED]

[PROG: ROW, ORDER=RANDOMIZE]

- a) Quality of rental car
 b) Ease of arranging the rental
 c) Helpfulness of rental staff
 d) Reasonableness of [PROG: PIPE A9]'s rental coverage [A: Reasonableness of insurer's rental coverage]
 e) **Overall rating of the rental experience** **[PROG: FIXED VALID RESPONSES 1-10]** [A: Overall rating of the rental experience]

[PROG: ASK IF RC4=1,2,3, OR 97]

K12. Compared to what you expected, was the assistance [PROG: PIPE A9] provided throughout the rental experience...? [A: Rental experience expectation]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 2 Less than expected
 3 About what I expected
 1 More than expected

CLAIM SERVICING

[PROG: SHOW ALL]

Now for the next few questions, we'd like you to think about the different individuals you dealt with **after** reporting your claim.

[PROG: ASK ALL]

M21. Prior to reporting your claim, did you have an online account set up with [PROG: PIPE A9]?

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
 0 No
 99 Don't know

[PROG: ASK ALL]

CS1. After reporting your claim, who initiated the next contact? [A: Initiation of first contact after FNOL]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 I contacted [PROG: PIPE A9]/local agent [A: I contacted insurer/local agent]
- 2 [PROG: PIPE A9]/local agent contacted me [A: Insurer/agent contacted me]
- 3 I contacted the claims representative
- 4 Claims representative contacted me
- 5 I visited the [PROG: PIPE A9] website/mobile app [A: I visited the insurer website/mobile app]
- 97 Other

[PROG: ASK ALL]

C22A. After reporting your claim, which of the following did you interact with at any point **during the rest** of your claim experience? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED]

- 1 The person I reported the claim to **[PROG: SHOW IF C2=1 OR 5 OR 9]**
- 2 My local insurance agent or his/her staff [A: My local insurance sales agent or his/her staff]
- 4 The person who estimated the damages
- 5 Another claims representative
- 6 A representative from the repair facility **[PROG: IF B3=1]**
- 7 [PROG: PIPE A9]'s website/mobile app [A: Insurer's website/mobile app] **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]**
- 99 Don't know

[PROG: ASK ALL]

C22. Whom did you interact with the most? [A: Interacted with most during claim]

[PROG: SINGLE RESPONSE, FORCED, PIPE LIST FROM C22A SELECTIONS]

- 1 The person I reported the claim to
- 2 My local insurance agent or his/her staff [A: My local insurance sales agent or his/her staff]
- 4 The person who estimated the damages
- 5 Another claims representative
- 6 A representative from the repair facility
- 7 [PROG: PIPE A9]'s website/mobile app [A: Insurer's website/mobile app] **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]**

[PROG: ASK ALL]

For the next questions, please think about all the representatives you interacted with from [PROG: PIPE A9]

C21. During the **entire** claims process, how many people did you interact with from [PROG: PIPE A9]? [A: Interaction - number of people during claim]

[PROG: FORCED, NUMERIC, RANGE 1- 20]

[NUMERIC BOX] Person/People

- 999 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK ALL]

M1. Throughout the entire claims process, did you always know who to contact for questions? [A: Know who to contact for questions]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 Not applicable

[PROG: ASK ALL]

M7. Did a representative from [PROG: PIPE A9] provide you with an expectation of how long the claims process would take? [A: Provide an expectation of claim length]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes – and the timeframe was **accurate** [A: Yes, and the timeframe was accurate]
- 2 Yes – but the process took **longer** than I was told [A: Yes, but the process took longer than I was told]
- 3 Yes – and the process was **shorter** than I was told [A: Yes, and the process was shorter than I was told]
- 0 No

[PROG: ASK ALL]

M12. Did [PROG: PIPE A9] offer you options on how to receive status/progress updates throughout the claim? [Offer options on how to receive status/progress updates]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 Don't know

[PROG: ASK ALL]

M13_new. During the claims process, how often did you have to contact [PROG: PIPE A9] to get information you feel they should have provided to you? [A: Proactive claim updates]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

[PROG: ASK ALL]

CS2. How did you receive digital status updates? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 I had to login/access the [PROG: PIPE A9] website/app to see progress [A: I had to login/access the insurer website/app to see progress]
- 2 I received email notifications from [PROG: A9]/local agent [A: I received email notifications from insurer/local agent]
- 3 I received text messages from [PROG: A9]/local agent [A: I received text messages from insurer/local agent]
- 4 I received push notification from [PROG: A9]'s mobile app [A: I received push notification from insurer' mobile app] **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]**
- 5 From the online chat feature on [PROG: A9]'s website [A: From the online chat feature on insurer's website] **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]**
- 0 I did not receive digital status updates **[PROG: EXCLUSIVE]**

[PROG: ASK IF C22A=1, 2, OR 5]

M18. When you called the insurer did you speak to...? [A: Spoke with single/multiple individuals]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 The same individual always
- 2 Multiple individuals (e.g., whoever was available) [A: Multiple individuals]

[PROG: ASK ALL]

M9. Did anything happen that you should have been notified by [PROG: PIPE A9] about but weren't? [A: Should have been notified, but was not]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 Not applicable

[PROG: ASK ALL]

M3. Throughout the entire claims process, did the representative(s) from [PROG: PIPE A9] always call you back when promised? [A: Received call backs when promised]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 Not applicable

[PROG: ASK ALL]

M3b. Throughout the entire claims process, were the number of communications you received from [PROG: PIPE A9]? [A: Communications during the claim process]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Too little
- 2 Just right
- 3 Too much

[PROG: ASK ALL]

M4a. Thinking about the times when you contacted [PROG: PIPE A9], in general, which of the following best describes their availability? [A: Availability of who contacted]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 3 Never available immediately
- 2 Rarely available immediately
- 1 Often available immediately
- 0 Always available immediately
- 99 Not applicable

[PROG: ASK ALL]

M5. Did you ever have to repeat information during the claim (e.g., claim details, questions, claim/policy number, provide info multiple times, etc.)? [A: Repeat information]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 Don't know

[PROG: ASK ALL]

M22_new. Did you experience any unnecessary delays at any of the following points during your claim? Mark all that apply. [A: Unnecessary delays experienced]

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Initial claim report
- 2 Estimation process (i.e., scheduling, approval, etc.) [A: Estimation process]
- 3 Determining fault/investigating claim
- 4 Rental car
- 5 Repair
- 6 Settlement (decisions or payment) [A: Settlement]
- 7 Follow up from insurer
- 97 Other **[PROG: FIXED]**
- 99 Don't know **[PROG: FIXED, EXCLUSIVE]**
- 0 Did not experience any unnecessary delays **[PROG: FIXED, EXCLUSIVE]**

[PROG: ASK ALL]

M24. Using a 10-point scale, please rate your experience throughout the claims process, with [PROG: PIPE A9's staff (e.g. agent, call center rep, appraiser, etc.) on the following items. **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]**

[PROG: STANDARD ATTRIBUTE GRID, SINGLE RESPONSE, FORCED]

[PROG: ROW, ORDER=RANDOMIZE]

- a) Responsiveness of staff
- b) Availability of staff
- c) How well you were kept informed on the progress of the claim
- d) Helpfulness of staff
- g) Overall rating of claim servicing **[PROG: FIXED VALID RESPONSES 1-10]** [A: Overall rating of claim servicing]

ESTIMATION PROCESS

Now for the next series of questions, please focus on the initial appraisal or estimation process.

[PROG: ASK ALL]

H9. Were you able to get an appointment for the estimate at the time you desired? [A: Appraisal – Desired appointment time]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 No appointment necessary

[PROG: ASK ALL]

H1. Where did your estimate take place? [A: Where appraisal took place]

[PROG: SINGLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 At the scene of the accident
- 2 My house or work
- 4 An insurer's claim center/estimation facility (sometimes referred to as "drive-in" or concierge center) [A: An insurer's claim center]
- 5 Salvage/junk yard or impound lot
- 7 At the repair facility that also repaired my vehicle

- 8 At a repair facility that did not repair my vehicle
- 9 Estimation was completed with submitted photos of damage
- 97 Other
- 99 Don't know **[PROG: FIXED]**

[PROG: ASK IF H1=7, 8, OR 97]

H3. Was the facility where you had your damages estimated within [PROG: PIPE A9]'s network of facilities? [A: Appraisal facility – within insurer's network] **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]**
[PROG: SINGLE RESPONSE, FORCED]

- 1 Yes
- 0 No
- 99 Don't know

[PROG: ASK ALL]

C10a. Did you submit any photos or video of the damages?
[PROG: SINGLE RESPONSE, FORCED]

- 1 Yes, through [PROG: PIPE A9]'s mobile app [A: Yes, through insurer's mobile app]
- 2 Yes, through a third-party mobile app
- 3 Yes, through email
- 4 Yes, through [PROG: PIPE A9]'s website
- 5 Yes, through text with [PROG: PIPE A9]
- 0 No

[ASK IF C10a=1 OR 2 OR 3 OR 4 OR 5]

C10b. Did [PROG: PIPE A9] use the photos to estimate the damages and pay the claim? [A: Insurer used photos to estimate damages]
[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 2 No, someone needed to inspect the damages in person

[PROG: ASK IF C10A=0 OR C10B=2]

C10. Insurers typically require someone to inspect the vehicle to verify the claim damage. Who performed the estimate of your vehicle? [A: Who performed estimate]
[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 An estimator from [PROG: PIPE A9] [A: An appraiser from insurer]
- 2 An employee of a repair facility
- 5 An independent estimator (not an employee of [PROG: PIPE A9] or the repair facility) [A: An independent appraiser]
- 8 An estimate wasn't needed **[PROG: DO NOT SHOW IF B3=2 OR H5 DOES NOT EQUAL 99]**
- 97 Other
- 99 Don't know

[PROG: ASK ALL]

EP3. How were you provided a copy of the estimate? Mark all that apply.
[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Paper copy (handed to you/mailed) [A: Paper copy]
- 2 Email
- 3 Push notification
- 4 Online status update

- 5 Agent walked me through estimate (no visual copy received) [A: Agent walked me through estimate]
0 Did not receive estimate **[PROG: FIXED, EXCLUSIVE]**

[PROG: ASK ALL]

H21. Using a 10-point scale, please rate your experience with [PROG: PIPE A9]'s appraisal/estimation process on the following items.

[PROG: STANDARD ATTRIBUTE GRID, SINGLE RESPONSE, FORCED]

[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]

[PROG: ROW, RANDOMIZE]

- a) Thoroughness of estimating damage
b) Ease of arranging the estimate (e.g., location, appointment time, etc.) [A: Ease of arranging the estimate]
k) Helpfulness of estimator
- i) **Overall rating of the estimate** **[PROG: FIXED VALID RESPONSES 1-10]** [A: Overall rating of the estimate]

REPAIR PROCESS

[PROG: ASK IF B3=1 AND B4=1; SKIP TO LOGIC AT c24_new IF B3=2 OR B4=2 OR 3]

[PROG: SHOW IF B3=1 AND B4=1]

The next section of the survey deals with your experience with the repair facility.
First, we'd like to understand how you selected the repair facility where your vehicle was repaired.

J1. Where did you have your repair performed? [A: Where repair was performed]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Dealership repair facility (e.g., Toyota, BMW, Ford, etc.) [A: Dealership repair facility]
3 An independent repair facility (e.g., local shop) [A: An independent repair facility]

National Repair Facilities

- 17 Autonation
4 Caliber/ABRA
19 Berkshire
5 Boyd/Gerber
6 CARSTAR
9 Classic Collision
11 Cook's Collision
12 Fix Auto
18 Hendricks
20 Joe Hudson
14 Maaco
15 Service King
97 Other
99 Don't know

[PROG: ASK IF B3=1 AND B4=1]

J3. Was the repair facility you selected for the repair work...? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 A shop you had in mind (e.g., used previously, dealer sold you vehicle, etc.) [A: Had shop in mind]
2 Recommended by [PROG: PIPE A9] [A: Recommended by insurer]

- 3 Chosen from a list provided by [PROG: PIPE A9] [A: Chosen from a list]
0 None of the above **[PROG: EXCLUSIVE]**

[PROG: ASK IF J3=ONLY 1 OR 0]

Many insurance companies have relationships with a network of repair shops where they will often work directly with the shops to approve and pay for the work.

J6. Was the shop where you had your vehicle repaired within [PROG: PIPE A9]'s network of repair facilities? [A: Repair facility – within insurer's network]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]

- 1 Yes
0 No
99 Don't know

[PROG: ASK IF J7>1]

J8. Earlier you indicated that it took [PROG: Pipe in answer to J7] days to take your vehicle to the repair facility. What caused this delay? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED WITHIN HEADERS]

- 2 I waited until it was convenient for me
10 Weather-related delay

Repair Shop

- 1 Repair facility did not have availability
7 Parts were on order
9 Repair facility was closed (e.g., weekend, holiday, after hours, etc.) [A: Repair facility was closed]

Claim Process

- 3 Arranging rental car
5 Waited for repair approval
6 Needed to gather multiple estimates
12 Waited for estimate
8 Needed to arrange tow

Other

- 11 Other party caused delay
97 Other reasons not listed above **[PROG: EXCLUSIVE]**

[PROG: ASK IF B3=1 AND B4=1]

J9. Were you able to get an appointment at the time you desired? [A: Desired appointment time]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
0 No
99 Not applicable

[PROG: ASK IF B3=1 AND B4=1]

J14. Were there any issues in approving the repair work between the insurer and the repair facility?? [A: Issues approving repair work]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
0 No
99 Don't know

[PROG: ASK IF B3=1 AND B4=1]

J16. Did someone at the repair facility discuss the work needed to repair the vehicle (e.g., extent of damage, the repair process, etc.)? Mark all that apply. [A: Repair facility discussed work needed to repair vehicle]

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes, discussed the work required
- 2 Yes, discussed the time required to repair
- 0 No **[PROG: EXCLUSIVE]**
- 99 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK IF D7=1 THRU 5]

RP1. Did the repair facility notify you of any Advanced Driver-Assistance Systems (ADAS; i.e., blind spot detection, back-up camera, etc.) that may need to be calibrated before the repair process began? [A: Notified ADAS calibration needed]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF B3=1 AND B4=1]

J21. Was any additional damage found once the repair work was started? [A: Additional damage found once repair work started]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF J21=1]

RP3. Were you provided a revised estimate and/or timeframe for completing the additional damages? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 I was provided a revised estimate
- 2 I was provided a revised timeframe
- 0 I was not provided a revised estimate or timeframe **[PROG: EXCLUSIVE]**

[PROG: ASK IF B3=1 AND B4=1]

J24. Were your repairs completed when originally promised? [A: Repairs completed when promised]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes, completed when promised
- 4 Yes, completed earlier than promised
- 0 No
- 3 I was not given a repair timeframe

[PROG: SHOW IF B3=1 AND B4=1]

J26. Was all of the work done right the first time? [A: Work done right the first time]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: SHOW IF B3=1 AND B4=1]

J29. When you picked up your vehicle, did the repair facility show you the work performed on your vehicle? [A: Repair facility – Showed work performed]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 2 No, but they offered
- 3 No, and they **did not** offer
- 99 Don't know

[PROG: ASK IF D7=1 THRU 5]

RP2. Were you shown any type of verification that your ADAS features were calibrated (checked for accuracy) prior to the return of your vehicle? [A: Received verification that ADAS features were working properly]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: SHOW IF B3=1 AND B4=1]

J34. Who do you believe is ultimately responsible for the quality of your repairs? [A: Repair responsibility]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 [PROG: PIPE A9] [A: Insurer]
- 2 Repair facility
- 97 Other

[PROG: SHOW IF B3=1 AND B4=1]

J35. Which types of parts were used in the repair of your vehicle? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Original equipment, also known as OEM
- 2 Certified aftermarket parts
- 3 Refurbished/Recycled parts
- 97 Other
- 99 Don't know/Not sure **[PROG: EXCLUSIVE]**

[PROG: SHOW IF B3=1 AND B4=1]

J38. Using a 10-point scale, please rate your experience with the repair process on the following items.

[PROG: STANDARD ATTRIBUTE GRID, SINGLE RESPONSE, FORCED]

[PROG: ROW, ORDER=RANDOMIZE]

- d) Speed of completing the work
- e) Quality of the repair work
- h) How well you were kept informed on the progress of the work
- k) Helpfulness of repair facility employee
- j) **Overall rating of the repair process** **[PROG: FIXED VALID RESPONSES 1-10]** [A: Overall rating of the repair process]

[PROG: SHOW IF B3=1 AND B4=1]

J39. How likely are you to recommend the repair facility to a friend, relative, or colleague? [A: Recommend repair facility]

[PROG: STANDARD LOYALTY GRID, SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Definitely will not
- 2 Probably will not
- 3 Probably will
- 4 Definitely will
- 99 Don't know

SETTLEMENT

[PROG: ASK ALL]

C24_New. How were you provided an explanation of the settlement? Mark all that apply. [A: Method of settlement explanation]

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Verbally from my agent (e.g., phone or in person) [A: Verbally from agent]
- 9 Verbally from my claim representative (e.g., phone or in person) [A: Verbally from claim representative]
- 2 Mail (e.g., letter) [A: Mail]
- 3 Email
- 5 Through [PROG: PIPE A9]'s mobile app **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]** [A: Through insurer's mobile app]
- 6 Through a third-party mobile app
- 7 Through [PROG: PIPE A9]'s website from my desktop/laptop **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]** [A: through website via desktop/laptop]
- 8 Through [PROG: PIPE A9]'s website from my phone/tablet **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]** [A: through website via phone/tablet]
- 97 Other **[PROG: FIXED]**
- 0 I did not receive an explanation **[PROG: EXCLUSIVE, FIXED]**
- 99 Don't know **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK IF B3=1 and B4=1]

ST1. Who initially paid for the repairs to your vehicle? [A: Repair payment]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 I paid
- 2 [PROG: PIPE A9] paid [A: Insurer paid]
- 3 Other driver's insurer paid
- 97 Other **[PROG: SPECIFY]**

[PROG: ASK IF ST1=1]

ST2. How were you reimbursed? [A: Reimbursement]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 [PROG: PIPE A9] reimbursed me [A: Insurer reimbursed me]
- 2 Other driver's insurer reimbursed me
- 3 Other **[PROG: SPECIFY]**
- 0 I have not been reimbursed

[PROG: ASK IF B3=1 and B4=1]

ST3. Did you have to pay a deductible? [A: Deductible payment]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes, per my policy
- 2 Yes, but was later recovered by my carrier
- 0 No

[PROG: ASK IF ST3=2]

ST6. Did you feel that you were reimbursed fairly? [A: Fairly reimbursed]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK IF ST6=0]

ST9. Why do you feel the reimbursement was unfair? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Disagreed on location or extent of prior/existing damage
- 2 OEM parts were not used
- 3 Was not reimbursed for other personal items lost
- 4 Was not reimbursed for rental car
- 5 Was not reimbursed for vehicle tow
- 6 Did not realize my deductible was so high
- 97 Other **[PROG: SPECIFY, FIXED]**

[PROG: ASK IF A12a=2 OR 3]

N12. Did [PROG: PIPE A9] recover or attempt to recover any payments from another insurance company? [A: Insurer recovered or attempted to recover payments from another insurance company]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No
- 99 Don't know

[PROG: ASK ALL]

L15. Did [PROG: PIPE A9] **fully** cover everything you thought they should have? [A: Everything covered by insurer]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK ALL]

L18. At any point in the process, did you negotiate either with [PROG: PIPE A9] or the repair facility over what was covered or included in the claim? [A: Request more money or negotiate with insurer]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes, but my counter-offer was denied
- 2 Yes, and [PROG: PIPE A9] accepted my initial counter-offer [A: Yes, and insurer accepted my initial counter-offer]
- 3 Yes, after several counter-offers a mutually accepted offer was reached
- 0 No, accepted initial settlement amount

[PROG: ASK IF B3=2]

ST7. When were you offered a total loss settlement? [A: Timing of total loss offer]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Offered when I initially reported the claim
- 2 At the estimation
- 3 After the estimation, before any repairs started
- 4 After repairs started
- 97 Other

[PROG: ASK IF B3=2]

ST8. How were you offered the total loss settlement? [A: Offering of total loss settlement]

[PROG: SINGLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Verbally from my agent (e.g., phone or in person) [A: Verbally from agent]
- 9 Verbally from my claim representative (e.g., phone or in person) [A: Verbally from claim representative]
- 2 Mail (e.g., letter) [A: Mail]
- 3 Email
- 5 Through [PROG: PIPE A9]'s mobile app **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]** [A: Through insurer's mobile app]
- 6 Through a third-party mobile app
- 7 Through [PROG: PIPE A9]'s website from my desktop/laptop **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]** [A: through website via desktop/laptop]
- 8 Through [PROG: PIPE A9]'s website from my phone/tablet **[PROG: IF BRAND ENDS IN 's', DO NOT ADD 's' AFTER APOSTROPHE]** [A: through website via phone/tablet]
- 97 Other **[PROG: FIXED]**
- 0 I did not receive an explanation **[PROG: EXCLUSIVE, FIXED]**
- 99 Don't know **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK IF B3=2]

L21b. Did you have any issues with the insurer's assessment of the following areas? Mark all that apply. **[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]**

- 1 Vehicle condition (prior to accident) [A: Vehicle condition]
- 2 OEM options/packages
- 3 Aftermarket parts/accessories
- 4 Comparable vehicles used to determine value
- 5 Depreciation of vehicle
- 6 Personal item costs
- 7 Additional fees (e.g., tow fees, rental costs, labor, etc.) [A: Additional fees]
- 97 Other **[PROG: FIXED]**
- 0 None of the above **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK IF B3=2]

L36a. Please select how [PROG: PIPE A9] made the **total loss** payment. [Total loss paid for – type]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 I was paid by check [A: Insurer paid check]
- 5 I was paid through direct deposit into my bank account [A: Insurer paid ACH]
- 2 The lienholder (e.g., financial institute) was paid directly [A: Insurer paid the lien holder directly]
- 3 The lienholder **and** I were jointly paid (i.e., one check to you and the lien holder) [A: Insurer jointly paid me and lienholder]
- 4 I have not received payment
- 97 Other
- 99 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK IF B3=2 AND A19=1]

L5a. At the time of the claim, did you have an existing loan that needed to be paid off? [A: Outstanding vehicle loan status]

[PROG: SINGLE RESPONSE, FORCED]

- 1 Yes
- 0 No

[PROG: ASK IF (B3=2 AND A19=2) OR L5a=1]

L6_new. Was the settlement amount enough to cover what you owed on the vehicle? [A: Settlement covered amount owed on vehicle]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK ALL]

L14a. How did the settlement amount compare to what you were expecting to receive? [A: Expected settlement]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Less than expected
- 2 About what I expected
- 3 More than expected

[PROG: ASK ALL]

L32. Using a 10-point scale, please rate your experience with the claim settlement on the following items.

[PROG: STANDARD ATTRIBUTE GRID, SINGLE RESPONSE, FORCED]

[PROG: ROW, ORDER=RANDOMIZE]

- a) Fairness of the claim settlement
- b) Time it took to settle the claim
- d) Reasonableness of claim process
- e) Thoroughness of settlement explanation

c) Overall rating of the claim settlement process [PROG: FIXED VALID RESPONSES 1-10]

SUMMING IT UP

For the next section, we'd like you to think about your entire claims experience.

[PROG: ASK IF B3=1 AND B4=1]

M15. Did anyone contact you after you picked up your vehicle to make sure things were OK? Mark all that apply. [A: Post claim contact after pick up] [PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes, someone from repair facility [PROG: SHOW IF B4=1] [A: Contacted after pick up – Repair facility]
- 2 Yes, someone from [PROG: PIPE A9] [Contacted after pick up – Insurer]
- 3 Yes, my sales agent [A: Contacted after pick up – Agent]
- 0 No [PROG: EXCLUSIVE]

[PROG: ASK ALL]

N1. Taking into consideration all aspects of your claims experience, please rate [PROG: PIPE A9 overall, using a 10-point scale.

[PROG: STANDARD OSAT GRID, SINGLE RESPONSE, FORCED]

[PROG: ASK ALL]

N2. Compared to what you expected before you began the claims process, was the claims process...? [A: Claims process complexity – expectations]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 2 Less complicated than I expected
- 3 About what I expected
- 1 More complicated than I expected

[PROG: ASK ALL]

N3. The length of time it took to complete the claims process was...? [A: Claims process length – expectations]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 2 Shorter than I expected
- 3 About what I expected
- 1 Longer than I expected

[PROG: ASK ALL]

N4. Do you currently have auto insurance with [PROG: PIPE A9]? [Currently have insurance with insurer filed claim with]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK ALL]

N6. The next time you need to **[PROG: ASK IF N4=0]** purchase **OR [PROG: ASK IF N4=1]** renew your **[PROG: SHOW ALL]** auto insurance, how likely are you to **[PROG: ASK IF N4=1]** renew with [PROG: PIPE A9] **OR [PROG: IF N4=0]** purchase a new policy from [PROG: PIPE A9]? [A: Likelihood to renew or purchase from insurer]

[PROG: STANDARD LOYALTY GRID, SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Definitely will not
- 2 Probably will not
- 3 Probably will
- 4 Definitely will
- 99 Don't know

[PROG: ASK ALL]

N7. How likely are you to recommend [PROG: PIPE A9] to a friend, relative, or colleague? [A: Likelihood to recommend insurer]

[PROG: STANDARD LOYALTY GRID, SINGLE RESPONSE, FORCED]

- 1 Definitely will not
- 2 Probably will not
- 3 Probably will
- 4 Definitely will
- 99 Don't know

[PROG: ASK ALL]

N9. How long [PROG: PIPE IN “have you continuously been” IF N4=1; OR PIPE IN “were you” IF N4=0] a customer of [PROG: PIPE A9]? [A: Continuously been a customer of insurer – years]

[PROG: FORCED, NUMERIC OPEN-END RANGE 0-98]

[TEXT BOX] Year(s) (if less than one year, enter 0)

99 Don't know **[PROG: EXCLUSIVE]**

[PROG: ASK ALL]

N15. Considering your entire claims process, on a scale of 1 to 5 with 1 being very little effort and 5 being a great deal of effort, how much effort did you put into getting your claim resolved? [A: Effort in getting claim resolved]

[PROG: COLUMN, FORCED, ORDER=AS SPECIFIED]

- 1 Very little effort
- 2
- 3
- 4
- 5 Great deal of effort

[PROG: ASK ALL]

N16. Did any of the following occur as a result of your most recent claims experience with [PROG: PIPE A9]? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 1 Made changes to policy coverage
- 2 Auto premium with [PROG: PIPE A9] increased [A: Auto premium with insurer increased]
- 3 Shopped for an auto insurance policy from a different insurer
- 4 Plan to shop for a new auto insurer
- 5 Plan to switch auto insurers
- 6 Switched auto insurers
- 0 None of the above **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK ALL]

N17. Do you participate in a telematics (Hover: telematics: Device installed in your vehicle or mobile phone app that monitors driving behavior to adjust premiums based upon miles, speed, braking, etc.) program with [PROG: PIPE A9]? Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes, and I receive a monthly risk score
- 2 Yes, and I received an automated collision report/description
- 0 No, I do not participate in a telematics program **[PROG: EXCLUSIVE]**

ABOUT YOURSELF

[PROG: ASK ALL]

O1. Was this your first time filing an auto claim? Either with [PROG: PIPE A9] or another insurance company. [A: First time or repeat claimant]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes [A: Yes, 1st time claimant]
- 0 No [A: No, repeat claimant]

[PROG: ASK ALL]

O2. How did you complete the purchase of your **auto** insurance policy with [PROG: PIPE A9]? [A: Purchase channel]

[PROG: SINGLE RESPONSE, FORCED]

- 1 Local agent and/or staff (accessible for local office visits and/or calls)
- 2 Call center service representative (not a local agent)
- 3 Website
- 97 Other **[PROG: SPECIFY, FIXED]**
- 99 Don't know/not sure

[PROG: ASK ALL]

O11. Did you purchase your [PROG: PIPE A9] auto insurance policy through an affiliation or membership with any of the following? [A: Purchased through an affiliation or membership – type]

[PROG: SINGLE RESPONSE, FORCED, ORDER=RANDOMIZED]

- 0 No, I didn't **[PROG: FIXED]**
- 2 Military
- 3 AARP
- 4 College/Alumni
- 5 Bank/Credit union
- 6 Professional organization (e.g., AMA, etc.) [A: Professional organization]
- 7 Employer (i.e., part of employment benefits) [A: Employer]
- 97 Another affiliation **[PROG: FIXED]**

PSYCHOGRAPHICS

[PROG: ASK ALL]

PS1. Please indicate your agreement with each of the following statements regarding your insurance attitudes.

[PROG: GRID, ORDER=RANDOMIZE WITHIN HEADERS, FORCED]

[PROG: COLUMNS]

- 1 Completely disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Completely agree

[PROG: ROWS]

General attitudes

- A I'm very loyal to my current insurance provider(s)
- B It is more convenient to have multiple insurance policies with one provider
- C Low price is the most important thing when I choose an insurance provider
- D I'm confident that I have the right insurance coverage levels

Claims attitudes

- E I prefer to work with an agent throughout the claims process
- F I'm comfortable managing the claims process entirely online
- G I'm confident my insurer had my best interest in mind during the claims process
- H I am confident on what to expect during the claims process
- I I am comfortable sharing vehicle data (e.g., speed at time of accident) if it helps resolve my claim [A: I am comfortable sharing vehicle data if it helps resolve my claim]
- J I would like my insurance company to proactively inform me of situations to help avoid an accident (e.g., hazardous road conditions, alternative route recommendations) [A: I would like my insurance company to proactively inform me of situations to help avoid an accident]

J.D. POWER

DEMOGRAPHICS

U.S. Auto Claims Satisfaction (ACS) Study Questionnaire

As the survey comes to a close, please answer some final questions for statistical purposes only.

[PROG: ASK ALL]

A1_NEW. In what year were you born? [A: Year of birth]

[PROG: RANGE: LOWER RANGE (CURRENT YEAR-100) AND UPPER RANGE (CURRENT YEAR -18)]

[TEXT BOX]

9998 Prefer not to answer **[PROG: EXCLUSIVE]**

[PROG: ASK ALL]

P1. Are you...? [A: Gender]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Male
- 0 Female
- 97 Self-Describe **[PROG: FIXED, SPECIFY]**
- 98 Prefer not to answer

[PROG: ASK ALL]

P2. Are you...? [A: Marital status]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Married
- 2 Single (never married)
- 3 Widowed
- 4 Divorced/Separated
- 5 Living with domestic partner
- 98 Prefer not to answer

[PROG: ASK ALL]

P3. Are you...? [A: Race] Mark all that apply.

[PROG: MULTIPLE RESPONSE, FORCED, ORDER=ALPHABETICAL]

- 1 White/Caucasian
- 2 Black/African American
- 3 Asian/Asian American
- 4 Hispanic/Latino/a/x or of Spanish origin
- 5 Native American/Alaskan Native
- 6 Pacific Islander
- 97 Self-Describe **[PROG: FIXED, SPECIFY]**
- 98 Prefer not to answer **[PROG: EXCLUSIVE, FIXED]**

[PROG: ASK ALL]

P4. Which one of the following best describes your household's total annual income before taxes in **[PROG: SHOW CURRENT YEAR -1]**? [A: Income]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Under \$25,000
- 2 \$25,000-\$29,999
- 3 \$30,000-\$39,999
- 4 \$40,000-\$49,999
- 5 \$50,000-\$59,999
- 6 \$60,000-\$69,999
- 7 \$70,000-\$79,999
- 8 \$80,000-\$89,999
- 9 \$90,000-\$99,999

- 10 \$100,000-\$124,999
- 11 \$125,000-\$149,999
- 12 \$150,000-\$174,999
- 13 \$175,000-\$199,999
- 14 \$200,000-\$249,999
- 15 \$250,000-\$499,999
- 16 \$500,000 or more
- 98 Prefer not to answer

[PROG: ASK ALL]

P4a. Which of the following best describes your credit history? [A: Credit History]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 4 Excellent: Very good credit history. I've never had late payments or accounts sent to collection agencies and have not maxed out available credit. [A: Excellent]
- 3 Good: Basically good credit history. Problems are few and far between. [A: Good]
- 2 Fair: Some problems. I often have late payments on loans, credit cards, student loans and medical bills. [A: Fair]
- 1 Poor: Bad credit history. Debt is impossible to pay off in the foreseeable future. I've got a history of bankruptcy, consistent late payments, or accounts sent to collection agencies. [A: Poor]
- 98 Prefer not to answer

[PROG: ASK ALL]

P5. What was the last year of school you completed? [A: Education]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 8th grade or less
- 2 Some high school
- 3 High school graduate
- 4 Trade/Technical school
- 5 Some college
- 6 4-year college degree
- 7 Some graduate courses
- 8 Advanced degree
- 98 Prefer not to answer

[PROG: ASK ALL]

P6. Are you currently a member of AARP? [A: AARP]

[PROG: SINGLE RESPONSE, FORCED, ORDER=AS SPECIFIED]

- 1 Yes
- 0 No

[PROG: ASK ALL]

D7A. Have you or members of your family served in the military? Mark all that apply.

[A: Military Service] **[PROG: MULTIPLE RESPONSE, FORCED, WE REQUIRE AN ANSWER TO AT LEAST ONE OPTION IN ANY OF THE COLUMN OR SELECT 'OTHER' OR 'NONE', GRID, ORDER= FIXED]**

[PROG: COLUMN]

- 1. Active Duty/Reserves
- 2. Veteran

[PROG: ROWS]

- A Myself
- B Spouse
- C Child
- D Parent
- E Grandparent
- F Sibling

[PROG: KEEP BELOW OPTIONS OUTSIDE GRID]

97 Other **[PROG: FIXED, SPECIFY, EXCLUSIVE]**

0 None **[PROG: FIXED, EXCLUSIVE]**

[PROG: SKIP D7B IF D7A = 0]

D7B. Do you currently utilize any of the following military benefits or services? Mark all that apply.

[A: Veteran benefits utilized] **[PROG: MULTIPLE RESPONSE, FORCED, RANDOMIZE RESPONSES 1-8]**

- 1 VA Healthcare
- 2 VA Compensation
- 3 VA Pension
- 4 VA Education
- 5 VA Vocational Rehabilitation & Employment
- 6 VA Home Mortgage
- 7 VA Life Insurance
- 8 USAA benefits and services
- 97 Other **[PROG: FIXED, SPECIFY]**
- 0 None **[PROG: FIXED, EXCLUSIVE]**

EXIT STATEMENT – COMPLETE

That concludes our survey. J.D. Power thanks you for participating.

EXIT STATEMENT – TERMINATE

Unfortunately, you do not qualify to participate. Thank you for your interest in this survey.