

## NORFOLK HOMES

### End-Of-Year Warranty Service Survey

1. Are the warranty procedures convenient and easy to complete?  Yes  No
2. Do you feel the coverage provided by the builder is reasonable?  Yes  No
3. Was the procedure for requesting emergency service explained to you?  Yes  No
4. Who have you contacted previously for emergency repairs? \_\_\_\_\_
5. Were you given the NAHB Residential Construction Performance Guidelines when you signed your purchase agreement?  Yes  No
6. Have you ever referred to your NAHB Residential Construction Performance guidelines for information on specific warranty issues?  Yes  No
7. Were you provided with blank service request forms?  Yes  No
8. Were you contacted after closing by the Warranty Service Department to set up a 30 day appointment for any questions you may have had about your new home?  Yes  No
9. Do you feel the 30 day appointment was beneficial in learning more about the function of your home?  Yes  No
10. Was the service technician knowledgeable regarding any questions you had?  Yes  No
11. After submitting your service request were you contacted promptly for an appointment?  Yes  No
12. Was the service technician flexible in setting the date and time of the appointment?  Yes  No
13. When service was provided in your home was the area cleaned up after the repairs were completed?  Yes  No
14. When service was provided in your home was the technician prepared and well organized?  Yes  No
15. While at your home, did the service technician:
 

	<b>Yes</b>	<b>No</b>
<i>Volunteer helpful information regarding future repairs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Allow sufficient time to discuss your questions and concerns?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respond to questions promptly and with clear explanations of repairs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Arrive on time?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Act in a courteous and professional manner?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cover all items noted on your service request?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add any items that were not noted on a previous list?</i>	<input type="checkbox"/>	<input type="checkbox"/>

16. While at your home, did the trade contractors:
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <i>Volunteer helpful information regarding future repairs?</i>               | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Allow sufficient time to discuss your questions and concerns?</i>         | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Respond to questions promptly and with clear explanations of repairs?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Arrive on time?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Act in a courteous and professional manner?</i>                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Cover all items noted on your service request?</i>                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Add any items that were not noted on a previous list?</i>                 | <input type="checkbox"/> | <input type="checkbox"/> |

17. In terms of quality of workmanship and its efficiency please rate the following, 1 being the lowest possible rating and 5 being the best-

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Brick / Stone					
Concrete					
Countertops					
Drywall					
Electrical					
Floor Covering					
Garage Doors / Openers					
Heating / Air conditioning					
Interior Wood Trim					
Landscaping					
Painting					
Plumbing					
Siding					

18. Are you satisfied with the overall condition and quality of your home?  Yes  No

19. What do you like the best about the warranty service that has been provided to you?

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20. What do you like the least about the warranty service that has been provided to you?

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21. What can we do to assist you or to provide better service to our customers?

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22. How can our procedures and policies for submitting service requests be improved?

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23. Would you recommend us to others?  Yes  No  With qualifications

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24. Please add any additional comments you would like to share with us.

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Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_ Phone (optional) \_\_\_\_\_

- You may contact me to discuss the information I have provided
- Please do not contact me to discuss the information I have provided

*Thank you!*