



Insurance Customer Service Audit Checklist

Initial Contact & Communication

Evaluates the quality and efficiency of initial customer interactions.

Average Call Wait Time (seconds)

Enter a number...

Preferred Contact Method (Customer)

- ☐ Phone
- ☐ Email
- ☐ Online Chat
- ☐ In-Person

Summary of Initial Customer Interaction Notes

Write something...

Greeting Professionalism

- ☐ Excellent
- ☐ Good
- ☐ Needs Improvement
- ☐ Unsatisfactory

Date of Initial Contact

Enter date...

Time of Initial Contact

Policy Explanation & Understanding

Assesses whether customers fully understand their policy coverage.

Summarize the key coverage points explained to the customer.

Write something...

Did the customer appear to understand the deductible amount?

- ☐ Yes
- ☐ No
- ☐ Unsure

Record the estimated time spent explaining the policy (in minutes).

Enter a number...

Note any specific questions the customer asked regarding coverage.

Write something...

Was a policy document reviewed with the customer?

☐ Yes

☐ No

Describe the customer's understanding of exclusions.

Write something...

Claims Handling Process

Reviews the efficiency, clarity, and empathy shown during claims processing.

Date Claim Reported

Enter date...

Claim Number

Enter a number...

Claim Type

- ☐ Property
- ☐ Liability
- ☐ Vehicle
- ☐ Other

Summary of Incident

Write something...

Initial Estimate Amount

Enter a number...

Adjuster Assigned

- ☐ Adjuster 1
- ☐ Adjuster 2
- ☐ Adjuster 3

Date of Initial Adjuster Contact

Enter date...

Issue Resolution & Escalation

Examines how effectively and promptly customer issues are resolved and escalated when necessary.

Average Resolution Time (hours)

Enter a number...

Escalation Route Followed?

- ☐ Standard Escalation
- ☐ Expedited Escalation
- ☐ Direct Supervisor
- ☐ Management Escalation

Detailed Description of Issue

Write something...

Issue Category

- ☐ Policy Coverage
- ☐ Claims Process
- ☐ Billing Dispute
- ☐ Service Complaint
- ☐ Other

Issue Reported Date

Enter date...

Issue Reported Time

Resolution Summary

Write something...

Policy Modifications & Renewals

Checks the clarity and support provided during policy changes and renewals.

Renewal Offer Date

Enter date...

Renewal Method

- ☐ Email
- ☐ Phone
- ☐ Mail
- ☐ In-Person

Premium Change (%)

Enter a number...

Explanation of Premium Changes

Write something...

Coverage Changes

- ☐ No Changes
- ☐ Increased Coverage
- ☐ Decreased Coverage

Notes on Coverage Changes

Write something...

Effective Date of Changes

Enter date...

Customer Signature (Confirmation of Changes)

Complaint Management

Reviews the process for handling and resolving customer complaints.

Complaint ID

Enter a number...

Complaint Received Date

Enter date...

Complaint Description (Customer)

Write something...

Complaint Category

- ☐ Policy Coverage
- ☐ Claims Process
- ☐ Billing Issues
- ☐ Customer Service
- ☐ Other

Investigation Notes

Write something...

Resolution Status

- ☐ Pending
- ☐ Resolved
- ☐ Escalated
- ☐ Rejected

Resolution Date

Enter date...

Resolution Details

Write something...

Customer Satisfaction (Resolution)

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

Data Security & Privacy

Ensures adherence to data security and privacy protocols in all customer interactions.

Is data encryption used for customer data at rest?

- ☐ Yes
- ☐ No
- ☐ Partially

Are customer data access controls regularly reviewed?

- ☐ Yes
- ☐ No
- ☐ Annually

Number of data security incidents reported in the last year?

Enter a number...

Date of last Privacy Impact Assessment (PIA)

Enter date...

Which data privacy regulations are applicable?

- ☐ GDPR
- ☐ CCPA
- ☐ HIPAA
- ☐ PIPEDA
- ☐ Other (specify in LONG_TEXT)

Details of other applicable privacy regulations (if 'Other' selected above)

Write something...

Data Security Policy Document

 Upload File

Adherence to Regulations

Verifies compliance with relevant insurance regulations and legal requirements.

Last Regulatory Compliance Training Completion Date

Enter date...

Applicable Regulatory Frameworks (Select All)

- ☐ GDPR
- ☐ CCPA
- ☐ State-Specific Insurance Laws
- ☐ Federal Insurance Laws

Number of Reported Regulatory Issues (Past Year)

Enter a number...

Summary of Recent Regulatory Audits/Reviews

Write something...

Current License Status (Agent/Broker)

- ☐ Active
- ☐ Inactive
- ☐ Suspended
- ☐ Revoked

Copy of Relevant Insurance Licenses (Agent/Broker)

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Feedback & Continuous Improvement

Assesses methods for collecting and acting upon customer feedback to improve service.

Overall Customer Satisfaction Score (1-10)

Enter a number...

Summary of Recent Customer Feedback Themes

Write something...

Primary Feedback Collection Method Used

- ☐ Surveys
- ☐ Social Media Monitoring
- ☐ Customer Interviews
- ☐ Focus Groups
- ☐ Feedback Forms

Types of Feedback Collected

- ☐ Ease of Contact
- ☐ Policy Explanation
- ☐ Claims Process
- ☐ Agent Knowledge
- ☐ Communication Clarity
- ☐ Resolution Speed

Date of Last Feedback Review

Enter date...

Actions Taken Based on Recent Feedback

Write something...

Staff Training & Development

Evaluates the adequacy of training provided to customer service staff.

Number of training hours completed per staff member (last 6 months)

Enter a number...

Training topics covered (e.g., Compliance, Claims Handling, Customer Service Skills)

- ☐ Compliance
- ☐ Claims Handling
- ☐ Customer Service Skills
- ☐ Product Knowledge
- ☐ Data Privacy
- ☐ Fraud Prevention

Date of last compliance training

Enter date...

Description of onboarding training program for new hires

Write something...

Training delivery method (e.g., Online, In-Person, Blended)

- ☐ Online
- ☐ In-Person
- ☐ Blended

Upload training materials or records

 Upload File