

Please complete and return this form via e-mail. It is imperative that all of your details are constantly up to date and correct.



**McCormick
Harris**
INSURANCE

ADVICE • SOLUTIONS • SERVICE

Contact Details

Please complete to ensure we have your current contact details.

Business Name:
Primary Contact:
Postal Address:
E-mail Address:
Phone Number(s): Work: Mobile:

Preferred Method of Contact E-mail <input type="checkbox"/> Phone <input type="checkbox"/>

Which of the following is most relevant to you? Please tick.

- | | |
|---|---|
| Business Insurance <input type="checkbox"/> | Construction Insurance <input type="checkbox"/> |
| Directors & Officers Liability <input type="checkbox"/> | Employment Practices Liability <input type="checkbox"/> |
| Farm Insurance <input type="checkbox"/> | Fidelity Guarantee Insurance <input type="checkbox"/> |
| Heavy Motor Insurance <input type="checkbox"/> | Home & Contents Insurance <input type="checkbox"/> |
| Industry Special Risk <input type="checkbox"/> | Landlords Insurance <input type="checkbox"/> |
| Management Liability <input type="checkbox"/> | Marine Transit Insurance <input type="checkbox"/> |
| Mining & Underground Risks <input type="checkbox"/> | Motor Fleet/Motor Vehicle <input type="checkbox"/> |
| Plant & Machinery <input type="checkbox"/> | Professional Indemnity <input type="checkbox"/> |
| Public & Products Liability <input type="checkbox"/> | Strata Insurance <input type="checkbox"/> |
| Travel Insurance <input type="checkbox"/> | |

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Feedback

We welcome your feedback on our services.

Client Type

- Private Client Business Client
 1-50 employees 50+ employees

Did our team meet your service expectations?

- Yes No

Please comment _____

Will you use our services again?

- Yes No

Please comment _____

Would you recommend our firm to others?

- Yes No

Please comment _____

client.service@mhi.com.au

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