



IPARKS

ILLINOIS PARKS ASSOCIATION RISK SERVICES

IPARKS Member Opinion Survey

Survey date: _____

Survey participants: _____

Park District _____

Address Line 1 _____

Address Line 2 _____

City _____

County _____ Zip _____

Primary Contact Person: _____

Name _____

Position _____

Phone _____

Email _____

Policy Anniversary Date: _____

1. What is least / most important to you? 1 (lowest) to 5 (highest)

Coverage	1	2	3	4	5
Premium Costs	1	2	3	4	5
Relationships	1	2	3	4	5
Service	1	2	3	4	5
Loss Control	1	2	3	4	5
IAPD Endorsement	1	2	3	4	5
Other _____	1	2	3	4	5

2. How can the RENEWAL process be improved?

3. How can the CLAIMS process be improved?

4. Loss Control:

How *have* they helped?

How *can* they help?

5. What safety / loss control / risk management topics would benefit your organization?

6. What do your IPARKS representatives do well? What can they do better?

Field Representative –

Administrative Representative –

7. IPARKS:

Why did you join IPARKS?

What is most important to you about your membership?

What would you change about IPARKS if you could change one thing?

8. WEBSITE:

Approximately how often do you access www.iparks.org?

Daily Weekly Monthly Quarterly Annually Not at all

What do you find useful about the site?

What features would prompt you to visit the site more often?

9. COMMUNICATIONS:

Do you receive the *IPARKS Update* quarterly newsletter?

Yes No Unsure

Do you have recommendations for topics?

10. Do we have your permission to publish your comments in IPARKS newsletters to members?

11. COMMENTS:

Signature: _____