

## CARI Quotation/Issuance Form

Name of Insured/Business Name: \_\_\_\_\_

Proprietor : \_\_\_\_\_  
\_\_\_\_\_

Telephone # : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Business Address : \_\_\_\_\_  
\_\_\_\_\_

Line of Business : \_\_\_\_\_  
\_\_\_\_\_

Area per sq. m. : \_\_\_\_\_

Limit of Liability : \_\_\_\_\_

Premium \_\_\_\_\_

Doc. Stamps \_\_\_\_\_

VAT \_\_\_\_\_

LGT \_\_\_\_\_

TOTAL \_\_\_\_\_

Agent Name/Code : \_\_\_\_\_

Requested by : \_\_\_\_\_

Date : \_\_\_\_\_