

Special Risks Quotation/Issuance Form

Name of Assured : _____
Address : _____
Telephone # : _____
Location of Risk : _____
Deductible : _____
Property Insured : _____
Sum Insured : _____

Premium _____
Doc. Stamps _____
VAT _____
LGT _____
TOTAL _____

Agent Name/Code : _____
Requested by : _____
Date : _____