



NECOINSURANCE LTD.

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Marine Dept.

Date

Name of Office

Agency

Questionnaire to be completed for QUOTATION purposes.

Name and Address of Proposer		
Description of goods to be insured:	Place where goods originally manufactured or produced:	
Details of Packing:		
Details of Voyage or Transit by Rail/Truck:		
Estimated total value of Goods to be Shipped/railed during any one year:	Basis of Valuation:	
Maximum value to be sent by any one shipment/railing:		
Type of Insurance cover Requires:		
How long has Proposer previously been handling this type of business:		
With which Company previously Insured	Type of cover granted	Rate charged previously
Claims experience: (If previously Insured)	Total Premium paid during last months/years Rs.	Total claims paid during last months/years Rs.
	(If not previously insured):- Total Value of goods shipped/railed during last months Rs.	Losses suffered during last months Rs.

Agent's remarks or suggestions: