

LMB INSURANCE BROKERS PVT.LTD.

**Licensed by Insurance Regulatory & Development Authority
T.C.38/971, Insurance Park,
Perumal Building, Power House Road,
Chalai.P.O, Trivandrum.
Ph.No: 91 – 2574302, 06
Fax: 91 – 2473620
E-mail: lmbinsbrokers@asianetindia.com**

**FORM FOR AVAILING SERVICES OF LMB INSURANCE
BROKERS PVT.LTD.**

1. Name of Proposer:
2. Business Address of the Proposer:
3. Designation of the Proposer:
4. Tel: No:
5. Fax No:
6. E- Mail ID:
7. The Details of Services Required
 - a. New Business such as Fire/ Marine/Motor and so on:
(Furnish Details)
 - b. Renewal of existing policies such as Fire/Marine/Motor
and so on (Furnish Details):
 - c. Required for settlement of Claims, If any (Furnish Details):

8. Whether any new coverage proposed, if so, tick the relevant new Coverage you require:

1. Fire Insurance
2. Engineering Insurance
3. Project Insurance
4. Marine Insurance
5. Burglary Insurance
6. Motor Insurance
7. Liability Insurance
8. Household Insurance
9. MediClaim Insurance
10. Personal Accident Insurance
11. Life Insurance
12. Pension Plans

9. Any other information required (Furnish Details):

Place:

Date:

Name & Signature