

Brokers' Quarterly Returns

Name of the Broker:

For the Quarter ended

Form 1 : Premium Income and Commission Income Details

(1) Class of Business	(2) Premium Income (Rs.)	(3) As a % of Total Premium Income	(4) Commission Income (Rs.)	(5) Commission Income as a % of Premium Income	(6) Commission to Insurance Agents (Rs.)	(7) Net Commission to Broker (Rs.)
(a) Life Insurance						
Individual						
Group Business						
Others						
Total (a)						
(b) General Insurance						
Fire						
Marine						
Motor						
Miscellaneous						
Overseas Health						
Overseas Travel						
Others						
Employer's Liability						
Others						
Total (b)						
Total (a) + (b)						

I certify that the above information furnished to the Board is true and correct.

Name and Signature of Principal Officer

Date

