



**NATIONAL CEREALS AND PRODUCE BOARD**  
 Leaders in Trade & Management of Agricultural Commodities

**FORM T4: TRACK RECORD**

Name of Insurance Brokers: .....

Name and Address of Insured .....

Insurance Policy handled

Class of Insurance	Period of Cover	Value of Cover
Group Life		

Performance Evaluation

(The insured to indicate client rating by ticking the appropriate box)

How do you rate the performance of the Insurance broker as per their responsiveness to the following;	Excellent	Good	Average	Poor
1. Claims Handling				
2. Underwriting responsiveness				
3. General customer care				

Declaration

**We confirm that the above insurance brokerage firm offered the above services in the period indicated above.**

Name of authorized signatory.....

Title.....

Signature.....

Date.....

Official stamp of the Insured

Telephone contacts.....

