



**DOMINION INSURANCE LIMITED**

SUVA BOX 14468 PH 3311055 FAX 3303475  
NADI BOX 2311 PH 6701451 FAX 6701221

**BURGLARY INSURANCE PROPOSAL**

AGENCY

CLIENT/POLICY REF.

REPLACING DOMINION INSURANCE POLICY NUMBER \_\_\_\_\_ DUE \_\_\_\_\_

**IMPORTANT NOTE:** - The Dominion will assume that all questions are answered on behalf of all proposers, partners, directors, owners and all other interested parties.

THE INSURED \_\_\_\_\_

[1] BUSINESS \_\_\_\_\_ [2] OWNER/MANAGER \_\_\_\_\_ [3] TELEPHONE -HOME/BUS \_\_\_\_\_

[4] POSTAL ADDRESS FOR NOTICES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[5] PERIOD OF INSURANCE - FROM / /19 TO 4PM ON / /19

[6] INSURANCE COVER REQUIRED (Please specify the sum insured required for each item of described of property)  
Shaded area for office use only

ITEM NUMBER	DESCRIPTION OF PROPERTY TO BE INSURED	TOTAL VALUE OF PROPERTY	SUM INSURED	RATE
(a)	Tools, utensils of trade, office machines and equipment, furniture, fixtures, fittings and other contents but excluding property described under Items (b) or (c)	\$	\$	
(b)	Stock in Trade	\$	\$	
(c)	Trade Machinery and Plant	\$	\$	
(d)	Other property	\$	\$	
(e)	Damage to premises and property therein due to theft or attempt thereat	\$	\$	

[7] DEDUCTIBLE Do you wish a premium discount in return for a Deductible YES/NO  
Where YES is chosen please State the level of Deductible required \$ \_\_\_\_\_

[8] HAVE YOU OR ANY DIRECTOR, OWNER OR PARTNER EVER:  
(a) Had insurance cancelled or refused YES/NO  
(b) Had special conditions put on a policy YES/NO

[9] NAME OF PREVIOUS INSURANCE COMPANY \_\_\_\_\_

[10] PREVIOUS CLAIMS/LOSSES Please detail below all burglary losses which have occurred during the last five(5) years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTINUED OVERLEAF

[11] DETAILS OF RISK AND SECURITY MEASURES (Please complete for each location/premises. If there are more than 4 locations use an additional proposal form.)

