



DOMINION INSURANCE LIMITED

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

MARINE CARGO 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 _____

OTHER INTERESTED PARTIES _____

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

[4] POSTAL ADDRESS FOR NOTICES _____

[5] 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

[6] NAME OF PREVIOUS INSURANCE COMPANY _____

[7] PREVIOUS CLAIMS/LOSSES Please detail below all Marine Cargo losses which have occurred during the last five(5) years.

[8] COMPLETE THIS SECTION FOR SINGLE TRANSIT POLICY ONLY

[8a] FROM: DEPARTURE/ PLACE OR PORT _____ TO: DESTINATION PLACE OR PORT _____

[8b] DESCRIPTION OF GOODS TO BE INSURED (Please be accurate)

[8c] DESCRIBE NATURE AND TYPE OF PACKING

[8d] NAME OF VESSEL AND VOYAGE NUMBER _____ [8e] SHIPMENT DATE _____

[8f] SUM INSURED \$ _____ (Unless otherwise defined this is assumed to be Invoice Cost, plus the cost of Insurance and Freight)

CONTINUED OVERLEAF

[9] COMPLETE THIS SECTION FOR A MARINE OPEN CARGO POLICY ONLY
