



DOMINION INSURANCE LIMITED

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MARINE HULL 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] PERIOD OF INSURANCE - FROM _____ / _____ /19 TO 4PM ON _____ / _____ /19

[6] 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

[7] NAME OF PREVIOUS INSURANCE COMPANY _____

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

[9] DESCRIPTION OF VESSEL/S

NAME	TYPE	LENGTH	CONSTRUCTION	BUILDER	SPEED	AGE

[10] DESCRIPTION OF ENGINES

TYPE - O/B OR INBOARD	MAKE	AGE	SERIAL NO.	H.P.	FUEL TYPE

[11] DESCRIPTION OF TRAILER

BUILDER	AGE	REG. NUMBER	CONSTRUCTION

[12] WHERE IS VESSEL MOORED (if not on trailer) _____

[13] WHERE IS VESSEL MAINLY USED _____

[14] IF NOT USED SOLELY FOR PRIVATE PLEASURE WHAT WILL THE VESSEL BE USED FOR.

_____ CONTINUED OVERLEAF

[15] DATE OF LAST HULL AND MACHINERY SURVEY _____
(Copy of survey report must be attached to this proposal)

[16] DATE VESSEL/S PURCHASED _____

