



DOMINION INSURANCE LIMITED

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

PERSONAL ACCIDENT 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] OCCUPATION _____ [2] OWNER/MANAGER _____ [3] TELEPHONE -HOME/BUS _____

[4] POSTAL ADDRESS FOR NOTICES _____

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

[6] DETAILS OF ALL INSURED PERSONS AND BENEFITS TO BE INSURED (Please complete the details requested on the other side of this proposal form.)

[7] 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

[8] NAME OF PREVIOUS INSURANCE COMPANY _____

[9] PREVIOUS CLAIMS/LOSSES (Please detail all personal injury or illness insurance claims made during the last three(3) years in respect to any Insured Person listed on this proposal)

DECLARATION - Please read carefully before signing.

I/We declare and warrant that: - I/We are not already insured unless stated otherwise. I/We will take all reasonable care to prevent loss, damage or injury. The information given above and on the other side of this proposal is true and no other relevant information has been withheld. I/We agree that this application shall be the basis of the contract between us and accept the Policy subject to the terms and conditions it contains and I/We further agree to pay the premium

SIGNED BY THE PROPOSER _____ DATE _____

CONTINUED OVERLEAF

[6] INSURED PERSONS, BENEFITS AND SUMS INSURED

Note: Only one of questions 5, 6, or 7 should be completed. The shaded rows are for office use only.

1	NAME OF INSURED PERSON(S)				
2	AGE				
3	OCCUPATION				
4	ANNUAL INCOME				
	COVER REQUIRED AND SUM INSURED				
5	BENEFIT 1 ONLY (Sum Insured)				
6	BENEFIT 1-7 ONLY (Sum Insured)				
7	BENEFIT 1-26 ONLY (Sum Insured)				
8	BENEFIT 27 (Weekly Rate)				
9	BENEFIT 28 (Weekly Rate)				
10	BENEFIT 29 (Weekly Rate)				
	ANNUAL PREMIUM				

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