



DOMINION INSURANCE LIMITED

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

PUBLIC LIABILITY 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] BUSINESS OF THE INSURED/WAGES/TURNOVER (Please complete as accurately as possible the table on the reverse side of this proposal.)

[7] LIMIT OF INDEMNITY REQUIRED (The limit chosen will apply to General Liability, Tenant’s Liability, Landlord’s Liability and Products’ Liability all of which are indemnified by the policy.)

\$ _____

[8] DEDUCTIBLE Do you wish a premium discount in return for a Deductible **YES/NO**
Where YES is chosen please indicate below the level of Deductible required

\$ _____

[9] 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**

[10] NAME OF PREVIOUS INSURANCE COMPANY _____

[11] PREVIOUS CLAIMS/LOSSES (Please detail on the other side of this proposal form details of all legal liability claims made against you (whether insured or not) during the last five (5) years.)

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] BUSINESS OF THE INSURED/WAGES/TURNOVER (Please be as specific as possible concerning the different types of occupation or work engaged in by the Business. The different types of work should be categorised and the wage and turnover details entered for each. **Note** - Shaded area is for office use only.

