



DOMINION INSURANCE LIMITED

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

WORKMEN'S COMPENSATION 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] EMPLOYEE OCCUPATION AND REMUNERATION/WAGE DETAILS (Please complete the details requested on the other side of this proposal form.)

[7] COMMON LAW LIABILITY	Is this cover/extension required	YES/NO
Where YES is chosen please indicate below the LIMIT OF LIABILITY required		
\$50,000	YES/NO	
\$100,000	YES/NO	
\$250,000	YES/NO	
Other	

[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		
All Weekly Benefits	YES/NO	
The first \$500 of each claim	YES/NO	
Other	

[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 insurance claims made or workmen's compensation payments made during the last three(3) 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

