SUN insurance
Company Limited

ALL RISKS PROPOSAL FORM

Insured Name: _____

Postal Address: _____

Phone Contact: _____

(Give full description and value of each article separately)

Item No.	Description	Identification Mark and/or Number	Year of Manufacture	Year of Reconditioned	Sum Insured

DECLARATION, I / We hereby declare that the abovementioned items is and will be kept in good condition and I / We hereby warrant the truth of the particulars and answers given herein and that I / We have withheld no information whatever that might tend in any way to increase the Company's risk, or to influence the decision of the Company regarding this Proposal and am / are willing to accept a policy subject to the provisions and conditions of such policy of which contract this proposal and declaration shall be the basis and to pay premium and stamp duty thereon.

Date : _____ Proposer's Signature : _____

HEAD OFFICE: 1st Floor Harbour Front Building, Rodwell Road, Suva. G.P.O. Box 16976, Suva, Fiji Islands.
Tel: 331 3822 Fax: 331 3882 E-mail: info@suninsurance.com.fj