



CONTENTS PROPOSAL

AGENT NO
POLICY NUMBER

INSURED. (Mr/Mrs/Miss/Ms).....
 POSTAL ADDRESS.....
 OCCUPATION..... TELEPHONE.....
 SITUATION OF THE PROPERTY.....

PERIOD OF INSURANCE FROM / / TO / / AT 4p.m.

SECTION 1 CONTENTS
 Your domestic furniture, furnishings, home appliances, and personal effects owned by You or members of Your family normally residing with You whilst contained at the situation (Jewelry, gold or silver objects are not covered for more than \$200 any one item unless specified and valuations received).

	SUMS INSURED	\$.....
SPECIFIED ITEMS (for which a valuation is required)		
1.....		\$.....
2.....		\$.....
3.....		\$.....
4.....		\$.....
TOTAL SUM INSURED SECTION 1		\$.....

Optional Special Benefits
 Do You require gale, windstorm, hurricane or cyclone cover? YES NO

SECTION 2 PERSONAL EFFECTS Do You Require This Cover YES NO
 Your wearing apparel and personal effects normally worn or carried by You anywhere in Fiji (Limited to \$200 unless specified)

	SUMS INSURED	\$.....
SPECIFIED ITEMS (for which a valuation is required)		
1.....		\$.....
2.....		\$.....
3.....		\$.....
4.....		\$.....
TOTAL SUM INSURED SECTION 2		\$.....

SECTION 3 DOMESTIC COMPENSATION Do You Require This Cover YES NO

GIVE PARTICULARS OF PREMISES -

	<u>WALLS</u>	<u>ROOF</u>	<u>PARTITIONS</u>	<u>FLOOR</u>
(a) Construction.....				
(b) Are You the owner of the premises?.....				
(c) Is any part of the building used for commercial purposes?.....				
(d) Do all windows and doors have burglar bars or security grille?.....				
(e) Is there an alarm system installed on the premises?.....				

	SECTION 1	SECTION 2	SECTION 3	SUB TOTAL	F.S.L.	STAMP DUTY	TOTAL PREMIUM
PREMIUMS	\$	\$	\$	\$	\$	\$	\$

DECLARATION
 We declare and warrant that
 No information has been withheld which is likely to affect the acceptance of this insurance.
 I/We have not suffered loss of or damage to property anywhere within the last five (5) years.
 No insurance company has ever declined to insure me/us refused renewal, or cancelled any Policy
 The sums insured represent the value I/We wish to insure for and I/we understand and acknowledge that Sun Insurance representative is not qualified to effect valuations but I/we accept the sums insured for the purpose of this insurance.

ACCEPTIONS TO THIS DECLARATION

We agree and accept the terms conditions of this insurance and acknowledge that this Proposal shall be the basis of this contact of Insurance.

Insured's Signature..... Date.....