



DOMINION INSURANCE (TONGA) LIMITED

NUKU'ALOFA BOX 1029 PH 21-105 FAX 25-143

BURGLARY INSURANCE 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] BUSINESS _____ [2] OWNER/MANAGER _____ [3] TELEPHONE-
 HOME/BUS _____

[4] POSTAL ADDRESS _____

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

[6] INSURANCE COVER REQUIRED (Please specify the sum insured required for each item of described of property)

Shaded area for office use only

ITEM NUMBER	DESCRIPTION OF PROPERTY TO BE INSURED	TOTAL VALUE OF PROPERTY	SUM INSURED	RATE
[a]	Tools, utensils of trade, office machines and equipment, furniture, fixtures, fittings and other contents but excluding property described under Items (b) or (c)	\$	\$	
[b]	Stock in Trade	\$	\$	
[c]	Trade Machinery and Plant	\$	\$	
[d]	Other property	\$	\$	
[e]	Damage to premises and property therein due to theft or attempt thereat	\$	\$	

[7] DEDUCTIBLE Do you wish a premium discount in return for a Deductible YES/NO
 Where YES is chosen please State the level of Deductible required \$ _____

[8] 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

[9] NAME OF PREVIOUS INSURANCE COMPANY _____

[10] PREVIOUS CLAIMS/LOSSES Please detail below all burglary losses which have occurred during the last five (5) years.

