



GA INSURANCE LIMITED

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PROPOSAL FOR MARINE OPEN COVER

Marine Open Cover Policy No.....

Name _____

Address _____

Limit in any one vessel, aircraft, conveyance or location _____ (Kshs)

Estimated Annual Turnover _____ (Kshs)

Interest & Nature of Packing _____

Conveyance _____ (Vessel/Air/ Sea)

From _____ (Port/Country of Origin)

To _____ (Port/ City of Destination)

Cover to Commence from ___/___/___ (Date)

Declaration To Be Made To General Accident _____

Terms & Conditions _____

Rates Applicable, Marine _____, War _____

Date ___/___/_____

Signature _____