



GA INSURANCE LIMITED

GA Insurance House, Ralph Bunche Road,
P O Box 42166 - 00100 Nairobi, Kenya.
Telephone: 2711633 Fax 2714542
E-mail: marketing@gakenya.com

PROPOSAL FOR ALL RISKS INSURANCE

Full name of Proposer

Address

Post Code

Business or Occupation Telephone No.

Period of Insurance From

| | | |
|-----|-------|------|
| Day | Month | Year |
| | | |

To

| | | |
|-----|-------|------|
| Day | Month | Year |
| | | |

Schedule

| Item No. | Make | Description | Identification No. | Full Value |
|----------|------|-------------|--------------------|------------|
| | | | | |

AVERAGE

Each item of the policy when issued will be subject to Average. This means that if the property covered is, at the time of any loss or damage, of greater value than the sum insured, then the Insured shall be considered as being his own Insurer for the difference and shall bear a rateable share of the loss accordingly. It is, therefore, in the interest of Proposers to make certain that the sums insured placed against each item do represent the full value of the property.

-
1. Have any losses been sustained by you in connection with property of the above nature) Insert YES or NO ♦
If 'YES', give full details
-
2. Have you had any proposal or existing insurance declined or subjected to special terms or has renewal been refused) Insert YES or NO ♦
If 'YES', give details
-
3. Is cover on the property proposed to be restricted to the above premises? Insert YES OR NO ♦
If 'NO', give details
-

DeclarationVery Important

You are reminded of the need to disclose any facts which the Insurer would take into account in the assessment and acceptance of this proposal. If you have doubts as to whether certain facts are relevant

please ask your insurance broker or local GA Insurance Limited office. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully.

I declare that the information given in this 'All Risks' (Business) Insurance proposal is to the best of my/our knowledge and belief correct and complete in every detail and will be the basis of the contract with GA Insurance Limited

Date.....

Signature.....

| |
|-----------------------|
| For Office Use |
| First Premium |
| Annual Premium |
| Premises |