



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 Coo	de	
Business or Occupation	8			Telephoi N	ne o.	
Period of Insurance F	rom Day Month	Year To	Day Montl	Year		
Schedule						
Item No.	Make	Desc	cription		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 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) If 'YES', give details Insert YES or NO♦
3.	Is cover on the property proposed to be restricted to the above premises? If 'NO', give details Insert YES OR NO INSERT YES
	ration Very Important
	re reminded of the need to disclose any facts which the Insurer would take into account in the ment and acceptance of this proposal. If you have doubts as to whether certain facts are relevant
	ask your insurance broker or local GA Insurance Limited office. Failure to disclose all relevant may invalidate your policy or may result in your policy not operating fully.
my/ou	are that the information given in this 'All Risks' (Business) Insurance proposal is to the best of arknowledge and belief correct and complete in every detail and will be the basis of the act with GA Insurance Limited
Date	Signature
	For Office Use First Premium Annual Premium Premises