

PROPOSAL FOR MARINE OPEN COVER

AGENT:	POLICY NO.
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FULL NAME

FULL ADDRESS:

TELEPHONE No.

AGENCY

PERIOD OF INSURANCE:	From:	To:
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1. Limit in any one vessel, aircraft, conveyance or location _____ (Kshs)

2. Estimated Annual Turnover _____ (Kshs)

3. Interest & Nature of Packing _____ (Kshs)

4. Conveyance _____ (Vessel/Air/ Sea)

From: _____ (Port/Country of Origin)

To: _____ (Port/ City of Destination)

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

6. Declaration to Be Made to GA Insurance _____

7. Terms & Conditions _____

8. Rates Applicable, Marine _____ War _____

Date _____ **Signature of Proponent** _____