

PROPOSAL FOR PLATE GLASS

AGENT:	POLICY NO.
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FULL NAME

FULL ADDRESS:

TRADE, BUSINESS OR OCCUPATION

SITUATION OF RISK.....

PERIOD OF INSURANCE:	From:	To:
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1 State the sum insured on

- (a) All fixed external glass excluding neon signs Kshs.....
- (b) Other fixed glass Kshs.....

2 Are the premises in which the glass is situated used for purposes other than those involving the Proposer's Business or Occupation

Yes No

If "Yes" state for what purposes used

3 Have breakages or damage occurred during the last three years

Yes No

If "Yes" state

- (a) from what cause
- (b) Cost of repair or replacement

4 Are any of the items to be insured damaged at present

Yes No

If "Yes" give details

Declaration

I/We desire to insure with GA Insurance Limited, my/our plate glass to the amount of indemnity mentioned above, and I/we agree to accept the Company's Policy used in that class of Insurance and to pay the Premium therefore, and I/we agree to pay Premium on any Wages paid in excess of the total amount estimated above; and I/we warrant that the above statements are true, and agree that they shall be the basis of the proposed contract between the Company and myself/ourselves and be considered as incorporated therein.

Date. _____ Signature of Proponent _____