GEMINIA INSURANCE COMPANY LIMITED
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ASSET ALL RISKS
PROPOSAL FORM

INSTRUCTIONS:
- Please read carefully and fill out the entire document.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation.
- Attach a copy of Incorporation, KRA pin certificate with this application.

1. Proposer's Details

1. Name of Proposer _____

2. KRA Pin No: _____ (Please attach a copy of certificate)

3. Postal Address Postal Code Town _____

4. Office Tel Mobile Number _____

5. Email Address _____

6. Location of Business: Name of the building _____ Plot No _____ Road _____

. Street _____ Region _____ Town _____

7. Nature of Business/Occupation _____

8. Name of Contact Person _____ Position _____ Mobile Number _____

9. Name of intermediary _____

10 Does any other person or mortgage firm or bank have an interest in the property? Yes ☐ No ☐

If yes, please provide the name _____

2. Details of Insurance

1. Are you currently insured or have you ever proposed for insurance in respect of any of the risks proposed? Yes ☐ No ☐

If you have answered 'Yes' give full details _____

Insurer _____ Policy Number _____

2. Have you ever sustained a loss of any of the contingencies for which you require insurance? Yes ☐ No ☐

If you have answered 'Yes' give full details _____

3. Have you ever sustained loss by any of the contingencies for which you require insurance? Yes ☐ No ☐

If you have answered 'Yes' give full details _____

4. a) Do you maintain a proper set of Account Books? Yes ☐ No ☐

b) How often are your books of Accounts audited? _____

c) Where are they kept out of business hours? _____

d) What is the name of your certified auditors? _____

5. Are there any other circumstances or information you should tell us about which may affect our decision to accept this insurance or its terms? Yes ☐ No ☐

If you have answered 'Yes' give full details _____

6. The following are Sections are available. Please indicate which covers you require;

SECTION A: Fire & Perils Yes ☐ No ☐

SECTION B: Consiquental loss Yes ☐ No ☐

SECTION C: Terrorism and Political Risk Yes ☐ No ☐

SECTION D: Burglary Yes ☐ No ☐

SECTION E: All Risk Yes ☐ No ☐

SECTION F: Money Yes ☐ No ☐

SECTION G:Pedal Cycle Yes ☐ No ☐

SECTION H:Plate glass Yes ☐ No ☐

Section A Fire and Perils (This section is compulsory)

1. Construction of building _____

a) External walls (built of) _____ b) Roof _____

c) Floors _____ d) No. of Storeys _____

e) Has the property ever been surveyed? Yes ☐ No ☐

If so, name provide the; Name of the surveyor _____ Date of the survey _____

f) Occupied as _____

2. Are you the only occupier? Yes ☐ No ☐

If you have answered 'No' describe the other occupiers _____

_____

3. Are there any ceilings or partition of Calico, Canvas or Rush? Yes ☐ No ☐

4. Are there other buildings communicating with the premises proposed to be insured? Yes ☐ No ☐

5. Are hazardous goods kept in the building? Yes ☐ No ☐

If the answer is yes, please give full details and quantity _____

N.B. Separate buildings must have a separate sum insured and if stock or contents are kept in two or more distinct buildings the sum insured in each building must be specified.

Item No	Description of Property	Sum Insured

Cover Extensions
The undernoted extensions can be incorporated to the policy and appropriate premiums to be charged

No	Description	Sum Insured (Ksh)
A	Removal of debris	
B	Earthquake	
C	Electrical clause III (indicate value of electrical items)	

Premium Rate	Premium (Kshs)	Excess

Section B: Consequential Loss in Respect to Material Damage Section

1. On gross profit_____

2. On wages and salaries_____

3. Auditor fees_____

4. Increase cost of working_____

5. Indemnity period (Number of Months)_____

Premium Rate	Premium (Kshs)	Excess

Section C: Terrorism and Political Risk

1. Security Details Y/N

Electrical Fencing	CCTV	Perimeter Fence	Access Control	Parking Area

2. Ownership details, location details Y/N (Within 100 meters)

Military Premises	Government Premises	Airport	Embassy	Parking Area	Religious Institution	Stadium

3. If manufacturing, details of the operation_____

_____

_____

4. Details of neighboring premises (including height and occupancy)

i) North_____

ii) South_____

iii) East_____

iv) West_____

5. Briefly physical description of the premise including:

Number of floors/Basements _____

Type of construction _____

Details of any car park facilities _____

Details of any public access _____

6. Details of Security Guards:

Weather Own ☐ Private Company ☐ Military Police ☐

Number by day ☐ at night ☐ at weekends ☐

7. Does the premises have a full perimeter fence/wall Yes ☐ No ☐

If yes, please state the Height: _____

Type: _____

Number of gates / entrance / access points _____

How is access controlled? _____

8. Have there been any losses or threats within the last 3 years? Yes ☐ No ☐

9. What steps have been taken to deal with them and to prevent recurrence _____

Item No	Description of Property	Sum Insured

Premium Rate	Premium (Kshs)	Excess

Section D: Burglary

Item No	Description of Property	Sum Insured

Premium Rate	Premium (Kshs)	Excess

1. Intruder Alarm

Does the premises have an alarm system? Yes ☐ No ☐

If "Yes", please give the following details:_____

a) Name of the alarm company_____

b) Date of installation_____

c) Maintained under contract with the installer Yes ☐ No ☐

2. Other Security

Are your premises guarded when closed for business? Yes ☐ No ☐

If "Yes" do you use your watchman or security Yes ☐ No ☐

Name of the security company_____

3. Physical protection

a) Are all the doors, windows, skylights and other means of entrance protected? Yes ☐ No ☐

If "Yes" please describe the protections_____

b) Are shutters or any other glass protection devices used?

If "Yes" please provide full details _____

Section E: All Risk

This section is for special items you wish to insure specifically office and/or industrial machinery, tools of trade and portable equipment and any other specified equipment as listed.

Please indicate the territorial limit required for this section. Kenya only ☐ East Africa ☐ Worldwide ☐

Complete the schedule below providing a detailed description and full value of each item to be insured.

Item No	Full description	Make & Model	Year of Manufacture	Serial Number	Value - Kshs

Section F: Money

1. Definition of money

"Cash, Currency Coin, Bank and Currency Notes, Postal Order, Money Orders, Negotiable Cheques, Postage Stamps, Government Revenue Stamps, National Hospital Insurance Fund Stamps, and Local Authorities Service Charge"

Circumstances and situations	Sum Insured

2. Safe details

a) Do you have any safes? Yes ☐ No ☐

If "Yes" please provide the following details:

Makes name and model no._____Makers serial no._____

Date purchased _____ New or secondhand _____Estimated Weight_____

Dimensions locked by _____Cost Price _____Present Value _____

Tick where applicable ☐ Marked Permanently ☐ Burglar proof ☐ Fire Resistant ☐ Permanently Installed

☐ Combination ☐ Key ☐ Both Combination and key

3. Money in transit

a) How often do you.

i) Withdraw cash from the bank?_____times per day/week

ii) Deposit cash in the bank? _____times per day/week

b) Names and addresses of the bank or post office and how far is the bank or post office from the premises

_____

c) Mode of carry_____

d) Do you use your staff or security firm to carry your cash?_____

e) If your staff is used, what is the number of adult males accompanying the money during each journey? _____

f) What methods are used and security precautions in force?_____

g) If a security firm is used, give details of the methods of carrying and security arrangements_____

_____

Premium Rate	Premium (Kshs)	Excess

Section G: Pedal Cycle

Please complete the schedule below providing full particulars of the pedal cycles to be insured.

Make	Type & Frame No.	Year of Make	Year Purchase	Price paid by proposer	Estimated present value including accessories

Total Sum Insured Kshs_____

Premium Rate	Premium (Kshs)	Excess

Section H: Plate Glass

Please complete the schedule below providing full details of glass to be insured

No of plates	Length in inches	Width in inches	Description of glas	Sum Insured

3.Consent & Declaration

Geminia Insurance Company Limited is committed to protecting the fundamental human right to privacy of those with whom we interact. We recognize the need to safeguard personal data that is collected or disclosed to us as part of the know-your-customer information required by us in order to provide you with the requisite financial product or service.

We are committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as best global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (https://geminia.co.ke/data-privacy-statement/ which is intended to tell you how we use your personal data and describes how we collect and process your personal data during and after your relationship with us.

As part of our engagement with you, we would like to communicate with you, where necessary, via email, WhatsApp, SMS, telephone, or post. To this end, we seek your consent to use your data in the following ways.

1. Collect, use, disclose, and/or process, and/or store your personal data that are relevant to your financial product or service and as permitted by law.
2. Collect, share, and transfer your personal data as described in our Data Privacy Statement published on our website (https://geminia.co.ke/data-privacy-statement/). Any such transfer to third parties shall be as per the requirements provided in law with adequate safeguards to respect and uphold your privacy.

By selecting the channel(s) below, I consent to receiving marketing information about Geminia Insurance Company's products and services as well as confirming the preferred channel to communicate with you.

☐ SMS ☐ WhatsApp ☐ Email ☐ Telephone

Declaration

I/We do hereby declare that to the best of my knowledge and belief that the statements set forth herein are true and complete. Further, no material facts have been missed or misrepresented. I/we agree that the proposal together with any other information supplied shall form the basis of any contract of insurance effected thereon.

Name of person Completing the Proposal form_____

Designation _____ Date_____

Signature_____

NOTE:

1. The Insured shall accept a policy subject to excesses, restrictions, terms & conditions Geminia Insurance Company Limited may deem necessary.
2. The Insured undertakes to inform the insurer of any material alteration whereby the risk has increased and the insured reserve the right to modify the terms of the policy.