GEMINIA INSURANCE COM PANY LIMITED
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GEMINIA INSURANCE CO.LTD.

CONTRACTOR'S ALL RISK
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.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

1. Proposer's details

Name(s) _____

Postal Address: P.O. Box _____ Code _____ Town _____

Telephone Number(s) _____ Mobile No. _____ Fax No. _____

Email address _____ Pin No. _____

Contact Person(s) _____

Date of Registration (for Companies) _____ Registration No. _____

Profession / Occupation _____

Period of insurance: From: _____ To: _____

Name of intermediary, if any _____

2. Title of contract: _____

If the project consists of several sections, specify all the sections to be insured:

No.	Description of works

(Attach a copy of the contract award letter.)

3. Location of site: _____

_____

County/province/district _____ City/town/village _____

4. Name and address of principal _____

_____

_____

5. Name(s) and address(es) of contractor(s) _____

_____

6. Name(s) and address(es) of subcontractor(s)

Please indicate the specific jobs that will be done by the various subcontractors

No.	Name of subcontractor	Description of works

7. Name and address of consulting engineer

8. Description of contract work (please give detailed technical information)

Dimensions (length, height, depth, span, number of floors)

Construction methods

Construction materials

9. a) Is the contractor experienced in this type of work or construction methods? ☐ Yes ☐ No

b) Please list previous projects of a similar nature undertaken by the contractor

10. Period of insurance: Date of commencement of work: Date of completion of work:

Duration of construction: months. Maintenance period: months
(Please note that any extension of insurance cover beyond its stated dates will attract an additional premium.)

11. Special risks:

Fire, explosion ☐ Yes ☐ No

Food, inundation ☐ Yes ☐ No

Landslide, storm, cyclone ☐ Yes ☐ No

Blasting ☐ Yes ☐ No

Others

Volcanism, tsunami ☐ Yes ☐ No

Have earthquakes been observed in this area? ☐ Yes ☐ No

If so, please state intensity Magnitude:

Is the design of the structures to be insured based on regulations regarding earthquake-resistant structures? ☐Yes ☐ No

Is the design standard higher than that stipulated in the relevant regulations? ☐Yes ☐ No

12. Subsoil conditions: Rock ☐ Gravel ☐ Sand ☐Clay ☐ Filled ground☐ Other: _____

Do geographical faults exist in the vicinity? ☐Yes ☐ No

13. Ground water level _____

14. Name of nearest river, lake, sea e.t.c._____

Distance_____ Level: Lower water:_____ Mean water:____ Highest level recorded:__

15. Meteorological conditions: Rainy season from_____ to _____

Max rainfall (mm) _____per hour_____per day _____per month

Storm hazard ☐ minor ☐ medium ☐ high

16. Are extra charges for overtime, nightwork, work on public holidays to be included? ☐Yes ☐ No

Limit of indemnity_____

17. a) - Is the Third Party Liability (TPL) to be included: ☐Yes ☐ No

- Has the contractor effected a separate policy for TPL? Limit of indemnity_____ ☐Yes ☐ No

b) Is cover for the principal existing property required? Limit of indemnity_____ ☐Yes ☐ No

18. Details of existing buildings or surrounding property possibly affected by the contract work, such as excavating, underpinning, piling, vibration, ground-water lowering etc._____

19. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care custody or control of the Contractor(s) or the Principal to be insured against loss or damage arising out of or in connection with the contract works? ☐ Yes ☐ No

Limit of indemnity_____

Exact description of these buildings/structures_____

20. Please state hereunder the amounts you wish to ensure and the limits of indemnity required (cf. Policy Wording, Section I, Memo I, and Section II)

Section I: Material damage

Currency:_____

Items to be insured	Sums to be insured
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1. Contract price	
1.2. Materials or items supplied by the Principal(s)	
2. Construction plant and equipment	
3. Construction machinery (please attach list showing replacement values of new items)	

4. Clearance of debris (insured only up to the amount indicated)	
5. Professional fees	
Total sum to be issued under Section I	

Please note that insurance for construction plant, equipment and machinery is an annual policy. Where insurance is required for more than 1 year pro-rata premium to be charged for the extended days.

Cover extensions (additional premium will be payable)

Special risks to be insured	Sums to be insured
a) Terrorism and political risks	

Section II: Liabilities section (additional premium will be payable)

Items to be insured	Sums to be insured
a) Third party bodily injury (any one event)	
b) Third party property damage (any one event)	
c) Existing property cover (any one event)	
Total limit to be applied under Section II	

General Insurance History

a) Are you currently insured in respect to the above risks? ☐ Yes ☐ No

If yes state: Insurance Company _____ Expiry Date _____

b) Has any insurer

i) Declined to insure you? ☐ Yes ☐ No

ii) Required special terms to insure you? ☐ Yes ☐ No

iii) Cancelled or refused to extend your insurance? ☐ Yes ☐ No

iv) Or increased your premium at extension? ☐ Yes ☐ No

Consent and Declaration form

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.

Name of person completing the proposal form_____

Designation _____ Date _____

Signature _____ Official Company rubber stamp _____

NOTE:

1. The Insurer 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 insurers reserve the right to modify the terms of the policy.