GEMINIA INSURANCE COMPANY LIMITED
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CONTRACTUAL LIABILITY
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.

Part 1 Proposer's Details

Full name of the proposer:_____

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

Postal Address:_____

Email Address:_____

Location of the premises:_____

Contact person's mobile number:_____

How long have you conducted the business in terms of years?_____

Period of Insurance From:_____ To:_____

Name of intermediary_____

Years of business_____

Have you either alone or in a partnership or jointly with any other party or any of your directors or office holders*

i) Incurred legal costs in a contractual dispute in the past 3 years? Yes ☐ No ☐

ii) Had an insurer declined any claim, canceled any insurance policy, or impose special terms to any insurance policy? Yes ☐ No ☐

iii) Been charged with or convicted of any criminal offense? Yes ☐ No ☐

iv) Been declared bankrupt, insolvent, had a liquidator appointed or been a defiant in any civil court case? Yes ☐ No ☐

If yes to any of the above, please provide full details here_____

Part 2 Details of Insurance

1. Insurance Cover (Please tick) ☐ Single Contract ☐ Annual Contract

2. Business (Specify exactly what business you are involved in. If construction, then specify exactly what construction OR if you selected a single contract, specify exactly what the contract involves)

_____

3. Annual Turnover

Provide your estimated total annual turnover during the period of insurance Kshs _____

i) During the period of insurance (and for a single contract) state the following

The Maximum duration of the largest single contract Kshs _____

Amount paid to subcontractors Kshs _____

Amount paid for labor hire Kshs _____

Number of employees (not including contractors or subcontractors) Employees _____

ii) If a single contract cover, describe the project _____

4. Projection (In the next 12 months, will any contracts you anticipate entering into differ in size, scope or complexity from those undertaken by you in the past 3 years Yes ☐ No ☐

If yes, describe the difference _____

5. Contract Values (What is the contract value of the largest contract/ project for a the single contract you anticipate entering into?) Kshs _____

i) What is the nature of that contract and who is it with? _____

ii) Will you be involved in any of the following?

a) Blasting or explosives (other than nail guns) Yes ☐ No ☐

b) Demolitions above 10 meters in height (other than internal non-structural demolition) Yes ☐ No ☐

c) Actual excavation work or work in an existing excavation deeper than 10 meters? Yes ☐ No ☐

d) Buildings or structures of historical significance Yes ☐ No ☐

e) Underground works, tunnels, shafts, mines or galleries Yes ☐ No ☐

f) Road works or bridges Yes ☐ No ☐

g) Pipeline greater than 250 meters in length Yes ☐ No ☐

h) Irrigation systems, canal, reservoir, dam or siphon work Yes ☐ No ☐

j) Work in or around an airport or aircraft landing area or working railways or tramlines Yes ☐ No ☐

k) Work in oil, gas, chemical or petrochemical plants Yes ☐ No ☐

l) Work in mining processing plants Yes ☐ No ☐

m) Technology that is of a prototype nature Yes ☐ No ☐

n) Bailee's liability,storage or stevedoring Yes ☐ No ☐

o) Manufacture or supply of goods or materials Yes ☐ No ☐

If yes to any of the above questions, please describe _____

_____

Part 3 Your other insurance (Compulsory to complete in full)

Do you have any of the following insurance policies?

1. Public and product liability Yes ☐ No ☐ Policy Number _____ Insurer _____

2. Professional Indemnity Yes ☐ No ☐ Policy Number _____ Insurer _____

3. Directors and office liability Yes ☐ No ☐ Policy Number _____ Insurer _____

4. Contractors All Risk Yes ☐ No ☐ Policy Number_____ Insurer_____

5. Marine Policy Yes ☐ No ☐ Policy Number_____ Insurer_____

6. Personal Accident Policy Yes ☐ No ☐ Policy Number _____ Insurer_____

7. Wiba & Employees Liability Policy Yes ☐ No ☐ Policy Number_____ Insurer_____

Part 4 Limits of liability

1. Limit any one event/claim Kshs. _____

2. Limit any one year/aggregate Kshs._____

Part 5 General Insurance History

3. Are you currently insured with respect to the above risks? Yes ☐ No ☐

If yes, state: Date loss_____ Amount of loss_____

4. Has any Insurer

i) Declined to insure you? Yes ☐ No ☐

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

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

iv) Or increase your premium on renewal? Yes ☐ No ☐

Part 6 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 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 insurer reserve the right to modify the terms of the policy.