GEMINIA INSURANCE COMPANY LIMITED
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UNMANNED AIRCRAFT SYSTEM (DRONE) 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.

Part 1. Proposers Details

1. Full name of the proposer: _____
2. KRA Pin No: _____
3. Postal Address: _____
4. Email Address: _____
5. Location of the premises: _____
6. Contact person's mobile number: _____
7. How long have you conducted the business in terms of years? _____
8. Period of Insurance From: _____ To: _____
9. Name of intermediary, if any _____

Part 2. UAS Operations and Operator Information

1. Main type of usage _____
2. Are all the units for commercial or business purposes? ☐ YES ☐ NO
3. Please complete the below table with details for all operators which you are seeking coverage for:

Operator Name	Has the operator successfully completed a 5 hours KCAA accredited UAS flight time and/or training course or completed a UAS national authority manufacturers training/equivalent course?

Part 3. Coverage Information

1. Type of coverage required:
   - a. Hull ☐
   - b. Spares ☐
   - c. Third Party Liability ☐
2. State the limit for Third Party Liability: Kshs. 5,000,000 ☐ Any other limit Kshs. _____
3. Number of UAS units to be in the air at any one time _____

Part 4. UAS details

Please complete the following table with details for each individual unit to be insured:

Make	Model	Serial No./ Registration	Insured Value (Sum Insured)	Is a detachable payload fitted to the unit?	MTOW(Maximum take-off weight in kgs incl. payload	Is the UAS Home Built?	Expected annual flying time (hrs)	Main territory of operation.

Part 5. GENERAL INSURANCE HISTORY

a) Have you experienced any UAS claims in the last 5 years? ☐ Yes ☐ No

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 renew your insurance? ☐ Yes ☐ No

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

Part 6 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://www.geminia.co.ke/docs/.pdf) 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://www.geminia.co.ke/docs/.pdf). 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 mis-represented. 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 _____

Part 7. Additional Information

1. **UAS:** An aircraft owned or utilised under the care, custody, possession or control of the insured which is operated remotely without any on-board pilot, for which you are legally responsible, including tethered aerostats but excluding kites.

2. **UAS operator:** The person who at all times directly manipulates the flight controls of the UAS and exercises direct authority over the initiation, continuation, diversion or termination of the UAS flight, excluding employed observers of the insured.

3. **UAS spares:** All equipment owned by the insured and designed to be fitted to or forming part of the UAS or ancilliary equipment exclusively associated with the activities covered, including without limitation the ground control station and non-detachable payload, excluding at the time at which commencement of the operationof fitting it to the UAS begins.

4. **Unit:** A part or an assembly of parts (including any sub-assemblies) of the UAS which has been assigned an overhaul life as a part or an assembly.

5. **Detachable Payload:** Photographic/video equipment carried by the UAS that is removable and/or interchangable from the UAS.

6. **Non-detachable Payload:** Photographic/video equipment carried by the UAS that forms and integral part of the UAS and is not intended to be removed from the UAS.