GEMINIA INSURANCE COMPANY LIMITED
Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
Tel: 2782000 Fax: 2782100
Email: info@geminia.co.ke
www.geminia.co.ke

DOGS & PET
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:_____

Contact person's mobile number:_____

Period of Insurance From:_____ To:_____

Name of intermediary_____

Part 2. The physical address of the dwelling place where the dog/pet would be kept including the County, Ward, Plot Number, House Number and Street Name:

_____

_____

Part 3. Full description of the animal

SR No.	Type of Animal	Male/Female	Purpose (Security/pet)	Tag/Membership No.	Value (Kshs)

*Attach a Serailized side profile photo of the whole animal standing

NB: If space in the table above is not enough, attach a schedule of animals giving the details requested.

Part 4. Extension

a) Do you wish to extend insurance coverage to include:

- Theft Yes ☐ No ☐
- Transit risk Yes ☐ No ☐
- Straying Yes ☐ No ☐
- Accidental Injury Veterinary Services Benefit Yes ☐ No ☐

b) Overall Annual Maximum Benefit Kshs. 50,000 ☐ Ksh. 75,000 ☐ Ksh. 100,000 ☐

Select one limit (Incl VAT)
Consultation/Examination for accidental injuries by a qualified veterinary doctor
*Once the medical limit is exhausted all the veterinary services benefits also ends

Part 5. Details of the veterinary doctor

a) Name: _____

b) Mobile Number: _____

c) P.O. Box: _____ Code: _____ Town: _____

d) Email Address: _____

e) KVB Registration No: _____

Part 6. Animal husbandry

a) Are you a member of the East Africa Kennel club or KSPCA? Yes ☐ No ☐

If Yes, write the membership number: _____

b) Are you licensed by the local authority to keep the proposed dog/pet? Yes ☐ No ☐

If Yes, attach the license

c) Have you shown your dog at a KSPCA/EAKC competition? Yes ☐ No ☐

If Yes, has it won any titles? _____

d) Has your dog been hip scored? Yes ☐ No ☐

e) Give full particulars of defects of ailments or disease during the last twelve months that has affected your proposed animals? _____

_____

f) Do you have other like-category animals not proposed for this insurance? ☐ Yes ☐ No

If Yes, give details and reasons _____

_____

g) How many dogs/pets have you lost in the last 12 months? _____

h) State cause and date of death in each case if any: _____

.

Part 7. Other Insurance

a) Have the animal been proposed insurance previously? Yes ☐ No ☐

If so, provide the name of the insurance company and the number of years_____

b) Have you been paid for claims on a animals of similar kind at any time? Yes ☐ No ☐

If Yes, state the amount(s) and name of the insurer_____

c) Are there any other circumstances within your knowledge or opinion not already disclosed affecting or likely to affect the proposed insurance? Yes ☐ No ☐

Part 8 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://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 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_____

ID Number/Passport:_____ E-mail address:_____

Designation_____ Date_____

Signature_____ Official company rubber stamp_____

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.