GEMINIA INSURANCE COMPANY LIMITED
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EMPLOYERS LIABILITY (COMMON LAW) INSURANCE 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.

Summary of Cover

Indemnity to the employer against legal liability under common law for damages and claimants costs and expenses of litigation in respect of awards for bodily injury by accident or disease caused to employees during the period of insurance and arising out of and in the course of that employment by the Employer in the Business and directly related to breach of common law or statutory duty by the Employer and in addition indemnity in respect of all costs and expenses incurred by the Employer with the Company's written consent subject to the terms, jurisdiction clause exceptions, conditions and warranties of the Company's Employers Liability (Common Law) Policy.

Part 1. Proposers Details

Name in Full_____

KRA Pin No:_____

Postal Address:_____ Postal Code_____

Town_____

Email Address:_____

Location of the premises/Physical Address:_____

Nature of business/Occupation_____

Period of Insurance From:_____ To:_____

(Ensure the certificate of incorporation and KRA Pin Certificate copies are attached)

All questions must be answered full ticks or dashes are not sufficient

Please note that the truth of the statements and answers in the proposal are conditions precendent to liability

1.a) Does any law or regulation governing the conduct or maintenance of premises apply to your premise? Yes ☐ No ☐

If so, name such laws and regulations_____

_____

b) Have you carried out all obligations imposed on you by such laws and regulations Yes ☐ No ☐

2.a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? Yes ☐ No ☐

If yes, give details_____

b) Do you have any boilers?_____

3. Do you use acids, gases, chemicals or explosives? Yes ☐ No ☐

If yes, give details_____

4. Do you handle or use radiosotopes radioactive substances, or other sources of ionising radiations? Yes ☐ No ☐

If yes , give details_____

5a) Are you at present insured or have you ever proposed ofr a workmen's compensation policy or a work injury benefit policy? Yes ☐ No ☐

and name of Insurer(s)_____

b) Have such proposals or renewals ever been declined or withdrawn? Yes ☐ No ☐

If, so please give reasons and name of Insurer(s)_____

c) Have increased rates been required for such proposals or renewals? Yes ☐ No ☐

If yes, give details_____

6. Do you have any employee with pre-existing medical conditions? Yes ☐ No ☐

If yes, please give details_____

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 OF THE WORK INJURY BENEFITS ACT, 2007.

Names/number of employees	Description of Occupation	Estimated Annual Salaries / Wages and other Earning on which Premium is based

For additional occupations please use a supplementary sheet.

Please note that it is a condition of this Policy that the Estimated Annual Wages, Salaries and other Earnings is required to be certified annually by your Auditors within three months of the expiry date of the period of Insurance

7. Please confirm if the above salaries include constant allowance, i.e housing, commuters Yes ☐ No ☐

Year	Wages, Salaries and other earnings	Number of Accidents to your employees (whether or not involving claims)	Claims			
			Settled		Outstanding	
			Settled	Cost	Number	Cost

8. Limits of Liability

Please state the option selected: ☐ A ☐ B ☐ C ☐ D

	A	B	C	D
Any one person	Kshs. 2,000,000	Kshs.4,000,000	Kshs.6,000,000	Kshs.8,000,000
Any one occurence	Kshs. 10,000,000	Kshs.15,000,000	Kshs.20,000,000	Kshs.25,000,000
Any one year	Kshs. 20,000,000	Kshs. 30,000,000	Kshs.40,000,000	Kshs.50,000,000

I/we the undersigned desire to effect insurance in terms of the policy to be issued by the Company against Liability to my/our Employees within the meaning of the Work Injury Benefits Act, 2007. I/we agree to keep detailed records of all persons employed (including identification documents) and to submit within three months after the end of each period of insurance a statement in the form required by the Company of all wages, salaries, other earnings, which shall be duly certified by our Auditors and to pay premium on any amount in excess of the amount estimated above. I/we hereby declare that all the above statements and particulars are true and I/we have not suppressed, misrepresented or incorrectly stated any material fact, and that I/we have fairly estimated the total amount of Wages, salaries and other earnings and I/we agree that this declaration shall be the basis of the contract between me/us and the Company.

Part 3. General Insurance History

9) Do the sums proposed for Insurance represent the full value of the property? ☐ Yes ☐ No

10) Has the property proposed for this Insurance been covered under a Fire Policy with Geminia Insurance Co. Ltd? ☐ Yes ☐ No

If not, with whom is the property insured against fire?_____

11) Will you advise the Company of any future changes in the value of the property insured or any other material alteration to the risk? ☐ Yes ☐ No

Part 4. 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 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_____

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

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 insurer's reserve the right to modify the terms of the policy.