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

ENHANCED PERSONAL ACCIDENT 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. Proposer's details

Name(s) _____

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

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

Email address _____ Pin No. _____

Contact Person(s) _____

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

Profession / Occupation _____

Date of Birth _____ (**Note that the maximum age covered is 60 years)**

Period of insurance: From: _____ To: _____

Name of intermediary, if any _____

Part 2: Occupation And Personal Details

1) Are you ☐ Employed ☐ Self-Employed

2) What duties do you perform? (Tick all appropriate)

☐ Office duties ☐ Office duties with site visits

☐ Manual worker ☐ Commercial traveller (sales/driver)

3) a) Do you suffer from any sight, hearing or any other impairment? Yes ☐ No ☐

If yes, please specify _____

b) Have you suffered from any serious injury or illness Yes ☐ No ☐

If yes, please give details _____

c) Are you at present in sound health and free of any physical disability? Yes ☐ No ☐

If no, please give details _____

d) Do you engage in hazardous sporting activities or past times? Yes ☐ No ☐

If yes, please give details _____

N.B, Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged:- aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football hang gliding, wild hunting, ice hockey, motor racing, motorcycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including jud karate and any other unarmed combat yatching outside territorial waters and other hazardous occupations/activities.

e) Are there any circumstances relating with your occupation, health conditions, habits, past times and pursuits which would increase the risk of accident or bodily injury to yourself? Yes ☐ No ☐

f) If yes, please give details _____

Do you in the course of your duties travel by air, car or motorcycle Yes ☐ No ☐

If yes, please explain _____

4) Named Beneficiaries

Name _____ Age _____ Relationship to Insured _____ Mobile No. _____

Name _____ Age _____ Relationship to Insured _____ Mobile No. _____

Part 3: Schedule For Personal Accident Plus Policy

	Name of person covered	Date of Birth	Occupation	Relationship with the insured	Package Chosen
1.					
2.					
3					
4					
5					

Part 4: General Insurance History

5) Do you wish to cover terrorism and political risk? Yes ☐ No ☐

(Kindly note that an additional premium of 20% will be charged.)

6) Do you have a Medical or have previous Medical Insurance cover? Yes ☐ No ☐

if yes, please give name of insurers and policy 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 5 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

Part 6: 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 insurers reserve the right to modify the terms of the policy.

BENEFITS WITH PREMIUMS PAYABLE FOR EACH COVER OPTION

(Premiums quoted are inclusive of levies)

Option 1 – Platinum Personal Accident Cover

Personal Accident Insurance Rating Card - **PLATINUM**								
Standard Benefits								
Option	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
Death	250,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	15,000,000
Life Rider (Non-Accidental Death Cover)	250,000	500,000	1,000,000	2,000,000	3,000,000	3,000,000	3,000,000	10,000,000
Critical Illness	75,000	150,000	300,000	600,000	900,000	1,000,000	1,000,000	3,000,000
Permanent Total Disability (PTD)	250,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	15,000,000
Temporary Total Disability (TTD - Weekly Benefit)	2,000	5,000	7,500	10,000	12,500	15,000	20,000	50,000
Accidental Medical Expenses	30,000	50,000	100,000	200,000	300,000	500,000	1,000,000	1,500,000
Accidental Dental Expenses	5,000	5,000	7,500	10,000	10,000	10,000	10,000	20,000
Accidental Optical Expenses	5,000	5,000	7,500	10,000	10,000	10,000	10,000	20,000
Post Accidental Reconstructive Surgery	-	-	-	100,000	100,000	100,000	100,000	150,000
Artificial Appliances	15,000	20,000	30,000	40,000	50,000	75,000	100,000	150,000
Local Evacuation	15,000	20,000	30,000	40,000	50,000	75,000	100,000	150,000
Last Expense	25,000	50,000	75,000	100,000	150,000	200,000	250,000	300,000
Post Trauma Counselling	10,000	10,000	10,000	10,000	10,000	10,000	10,000	20,000
Annual Premium (Without Terrorism)	1,979	3,887	7,453	14,560	21,453	26,175	36,759	81,113
Annual Premium (Including Terrorism)	2,138	4,200	8,022	15,636	22,994	28,589	41,291	88,187

Option 2 – Gold Personal Accident Cover

Personal Accident Insurance Rating Card - **GOLD**							
Standard Benefits							
Option	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Death	250,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000
Critical Illness	75,000	150,000	300,000	600,000	900,000	1,000,000	1,000,000
Permanent Total Disability (PTD)	250,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000
Temporary Total Disability (TTD - Weekly Benefit	2,000	5,000	7,500	10,000	12,500	15,000	20,000
Accidental Medical Expenses	30,000	50,000	100,000	200,000	300,000	500,000	1,000,000
Accidental Dental Expenses	5,000	5,000	7,500	10,000	10,000	10,000	10,000
Accidental Optical Expenses	5,000	5,000	7,500	10,000	10,000	10,000	10,000
Post Accidental Reconstructive Surgery	-	-	-	100,000	100,000	100,000	100,000
Artificial Appliances	15,000	20,000	30,000	40,000	50,000	75,000	100,000
Local Evacuation	15,000	20,000	30,000	40,000	50,000	75,000	100,000
Last Expense	25,000	50,000	75,000	100,000	150,000	200,000	250,000
Annual Premium (Without Terrorism)	1,220	2,375	4,435	8,528	12,408	18,134	31,230
Annual Premium (Including Terrorism)	1,404	2,737	5,103	9,804	14,249	21,049	36,765

Option 3 – Silver Children's PA

Personal Accident Insurance Rating Card - **Silver (Children's PA)**					
Standard Benefits					
Option	Option 1	Option 2	Option 3	Option 4	Option 5
Death	100,000	250,000	500,000	500,000	500,000
Critical Illness	30,000	75,000	150,000	150,000	150,000
Permanent Total Disability (PTD)	100,000	250,000	500,000	500,000	500,000
Tuition Fee Reimbursement (Weekly)	2,500	3,500	5,000	7,500	10,000
Accidental Medical Expenses	50,000	75,000	100,000	150,000	200,000
Accidental Dental Expenses	5,000	5,000	7,500	10,000	10,000
Accidental Optical Expenses	5,000	5,000	7,500	10,000	10,000
Artificial Appliances	15,000	20,000	30,000	40,000	50,000
Local Evacuation	15,000	20,000	30,000	40,000	50,000
Last Expense	25,000	50,000	75,000	100,000	150,000
Post Trauma Counselling	10,000	10,000	10,000	10,000	10,000
Annual Premium (Without Terrorism)	708	1,278	2,154	2,531	2,923
Annual Premium (Including Terrorism)	820	1,473	2,472	2,924	3,394

Option 4 – Bronze Children's PA - Below 5 years

Personal Accident Insurance Rating Card - **BRONZE (CHILDREN'S PA)**					
Standard Benefits					
Option	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**
Death	100,000	250,000	500,000	500,000	500,000
Permanent Total Disability (PTD)	100,000	250,000	500,000	500,000	500,000
Accidental Medical Expenses	50,000	75,000	100,000	150,000	200,000
Accidental Dental Expenses	5,000	5,000	7,500	10,000	10,000
Accidental Optical Expenses	5,000	5,000	7,500	10,000	10,000
Artificial Appliances	15,000	20,000	30,000	40,000	50,000
Local Evacuation	15,000	20,000	30,000	40,000	50,000
Last Expense	25,000	50,000	75,000	100,000	150,000
Annual Premium (Without Terrorism)	360	620	1,007	1,200	1,404
Annual Premium (Including Terrorism)	820	736	1,200	1,432	1,677

Option 5 – Family Option

Personal Accident Insurance Rating Card - **FAMILY OPTION**						
Standard Benefits						
Option	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**	**Option 6**
Death	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	15,000,000
Life Rider (Non-Accidental Death Cover)	1,000,000	2,000,000	3,000,000	3,000,000	3,000,000	10,000,000
Critical Illness	300,000	600,000	900,000	1,000,000	1,000,000	3,000,000
Permanent Total Disability (PTD)	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	15,000,000
Temporary Total Disability (TTD - Weekly Benefit)	7,500	10,000	12,500	15,000	20,000	50,000
Accidental Medical Expenses	100,000	200,000	300,000	500,000	1,000,000	1,500,000
Accidental Dental Expenses	7,500	10,000	10,000	10,000	10,000	20,000
Accidental Optical Expenses	7,500	10,000	10,000	10,000	10,000	20,000
Post Accidental Reconstructive Surgery	-	100,000	100,000	100,000	100,000	150,000
Artificial Appliances	30,000	40,000	50,000	75,000	100,000	150,000
Local Evacuation	30,000	40,000	50,000	75,000	100,000	150,000
Last Expense	75,000	100,000	150,000	200,000	250,000	300,000
Post Trauma Counselling	10,000	10,000	10,000	10,000	10,000	20,000
Annual Premium (Without Terrorism)	7,453	14,560	21,453	26,175	36,759	81,113
Annual Premium (Including Terrorism)	8,022	15,636	22,994	28,589	41,291	88,187

ANNUAL PREMIUM (WITHOUT TERRORISM)						
Family Cover	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**	**Option 6**
Insured	7,453	14,560	21,453	26,175	36,759	81,113
Spouse	5,931	11,616	17,131	20,908	29,376	64,859
Child 1	5,189	10,164	14,989	18,294	25,704	56,751
Child 2	4,448	8,712	12,848	15,681	22,032	48,644
Child 3	3,707	7,260	10,707	13,067	13,067	40,537
Any additional child	3,707	7,260	10,707	13,067	13,067	40,537

ANNUAL PREMIUM (WITH TERRORISM)						
Family Cover	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**	**Option 6**
Insured	8,022	15,636	22,994	28,589	41,291	88,187
Spouse	6,385	12,477	18,363	22,839	33,001	70,518
Child 1	5,587	10,917	16,068	19,984	28,876	61,703
Child 2	4,789	9,358	13,772	17,129	24,750	52,888
Child 3	3,991	7,798	11,477	14,274	20,625	44,073
Any additional child	3,991	7,798	11,477	14,274	20,625	44,073