GEMINIA INSURANCE COMPANY LIMITED
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FIDELITY GUARANTEE PROPOSAL FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or to his dictation.
- Submit photos of damage, copy of logbook and

Part 1: PARTICULARS OF PROPOSER

Full Name of Proposer_____

KRA Pin_____ Certificate of incorporation No._____

Email address_____

Postal Address_____

Location of the premises_____

Nature of Business_____

Contact person's mobile number_____

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

Period of Insurance From_____ To_____

Name of intermediary if any?_____

Part 2: RISK INFORMATION

1) How many employees do you currently engage?

2) Do you have a system for vetting prospective employees for trustworthiness before employment? ☐Yes ☐No

Please explain_____

3) For new employees, do you always obtain written references from previous employers? ☐Yes ☐No

4) Are independent systems in place to check that all transactions done by employees are accounted for? ☐Yes ☐No

5) How often will the books of accounts be audited?_____

6) Do you have an internal audit function? ☐Yes ☐No

If yes, how often is the internal audit carried out?_____

Part 3: SCHEDULE: DETAILS OF EMPLOYEES TO BE GUARANTEED (In case of unnamed policy, please provide employee numbers)

Full Name	Position/Designation	Number	Amount Guaranteed	
			Any 1 event per employee	Any one year

Collusion Limit:	Maximum liability of the company per claim in case two or more employees acting in collusion. Kshs._____
Aggregate Limit:	Maximum liability of the company during one period of Insurance Kshs._____
Auditors Fees Limit	Kshs._____
Cover	Direct financial loss caused by act of fraud or dishonesty of employees
Main Exclusions or occupation	Losses discovered later than the discovery period of six months, acts committed by employees not in the schedule, acts committed by employees for whom the insured has prior knowledge of infidelity, acts committed by agents or the insured or directors, consequential losses, dishonesty on any computer programme, system or data, of the insured is any financial institution or professional cash carrier.

Part 3. GENERAL INSURANCE HISTORY

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

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_____

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.