GEMINIA INSURANCE COMPANY LIMITED
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GOODS IN TRANSIT
PROPOSAL FORM

DIRECTIONS:
Please read carefully and fill out the entire form.
All questions must be answered in full, in BLOCK letters, in the applicant's own handwriting or to his dictation.
Proof of age of the proposed life to be insured is required by submitting a copy of the National Identity Card, Passport or Birth Certificate together with this application

(Please note that this policy covers loss or damage to goods in transit that belong to the proposer only. Legal liability for goods belonging to third parties is covered under Carriers Liability policy)

A. Proposers details

Full name of the proposer: _____

KRA Pin No: _____

Postal Address: _____

Email Address: _____

Location of the premises: _____

Contact person's mobilenumber: _____

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

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

B. Details of Insurance

1. What is the Mode of Conveyance(Kindly Tick the Mode)
   a.By Road _____
   b. By Rail _____
   c. By Inland Water _____
   d. By Inter County Air _____
   e. By Parcel Post _____
   f. By any other Means _____

2. State the geographical limit of transit destination(Kindly Tick the Option)
   a. Kenya _____
   b. East Africa _____
   c. Comesa Region _____
   d. Any other specify _____

Kindly note that the insurance company must be notified in case of any transit beyond the geographical limit indicated above

3. Sum Insured
   a. Maximum limit any one consignment Kshs _____
   b. Estimated Annual Carry Kshs _____

C. Particular of the Vehicles

i. Will all the vehicles used for transit belong to you? Yes ☐ No ☐

ii. Are the vehicles in a good state and road worthy condition? Yes ☐ No ☐

iii. Where are the vehicles parked when not in transit

a. At night _____

b. At Daytime _____

iv. Will any of the vehicles be left loaded and un-attended at anytime of the transit? Yes ☐ No ☐

Note that this policy will not be liable in case of any loss from un-attended vehicle

v. What arrangements will you make for the garaging of the vehicles and safe custody at night?

_____

vi. Are the vehicles fitted with any tracking devices? Yes ☐ No ☐
If yes please provide specifications below

_____

Reg Number	Make	Year of Make	Tonnage	Carrying Capacity (Litres – Tankers)

D. Drivers Details

i) Are the drivers Driving licences validated prior to employment or periodically? Yes ☐ No ☐

ii) Are the drivers regularly subjected to any medical or eyesight testing? Yes ☐ No ☐

iii) Have any of the drivers ever been convicted of any driving offence in a court of law? Yes ☐ No ☐

E. Details of Products in Transit

i. Description of goods or products to be transported

_____

ii. State how the goods will be packed whilst in transit

_____

iii. Who owns the goods being transported

_____

iv. Will you carry any of the following products (Yes or No)

a. Wine and/or Spirits _____

b. Tobacco _____

c. Coffee _____

d. Oil products _____

e. Gold or Ornaments of special value _____

f. Aviation Fuel _____

C. Particular of the Vehicles

v. Are there any shields or any form of protection fitted on oil tankers to prevent tank caps from being ripped off in the event of overturning Yes ☐ No ☐

Explain further on the protection _____

_____

F. 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 ☐

c) Have you ever sustained loss or damage to goods in transit? Yes ☐ No ☐

If yes give details _____

d) Do you maintain a proper record of goods in transit? Yes ☐ No ☐

G. 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 the above answers and statements are true and that

I/We withheld no information regarding his proposal.

Name of person Completing the Proposal form _____

Designation _____ Date _____

Signature _____ Official Company Rubber stamp _____