GEMINIA INSURANCE COM PANY LIMITED
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GROUP 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. _____ Fax 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 70 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 judo, karate and any other unarmed combat yatching outside territorial waters and other hazardous

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 Group Personal Accident Policy

	Name	Designation	Number	Annual Earnings (Kshs.)
1				
2				
3				
4				
5				

Part 4: Benefits under Group Personal Accident Policy

		Limits (Kshs.) or number of years earnings
A	Death	
B	Permanent Total Disablement (PTD)	
C	Temporary Total Disablement (TTD) Earnings per week	
D	Medical Expenses	
E		
F		
G		
H		

5) Please confirm if the above include constant allowance i.e housing, communters etc? ☐ Yes ☐ No

Part 5: General Insurance History

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 6 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_____

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.