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GEMINIA INSURANCE CO.LTD.

**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.
- Attach a copy of Incorporation, KRA pin certificate with this application.

# GEMINIA BIASHARA PLUS
## PROPOSAL FORM

### A. Proposer's Details

Name of Proposer _____

Certificate of registration/ incorporation _____

KRA Pin No: _____ (Please attach a copy of certificate)

Postal Address _____ Postal Code _____ Town _____

Office Tel/Mobile Number _____

Email Address _____

Location of Business: Name of the building _____ Plot No _____ Road _____

Street _____ County _____ Town _____

Nature of Business/Occupation _____

Name of Contact Person _____ Position _____ Mobile Number _____

Name of intermediary _____

Does any other person or mortgage firm or bank have an interest in the property? Yes ☐ No ☐

If yes, please provide the name and contact details _____

### B. Details of Insurance

1. Have you ever sustained a loss of any of the contingencies for which you require insurance? Yes ☐ No ☐

   If yes, please provide full details _____

2. a) Do you maintain a proper set of accounting records? Yes ☐ No ☐

   b) How often are your accounting records audited? _____

   c) Where are they kept out of business hours? _____

   d) What is the name of your certified auditors? _____

3. Are there any other circumstances or information which may affect our decision to accept this insurance or its terms? Yes ☐ No ☐

   If yes, please provide full details _____

4. The following are Sections are available. Please indicate which covers you require;

| | | |
|---|---|---|
| SECTION A: Fire & Perils | Yes ☐ | No ☐ |
| SECTION B: Business Interruption / Consequential Loss | Yes ☐ | No ☐ |
| SECTION C: Burglary | Yes ☐ | No ☐ |
| SECTION D: Public Liability | Yes ☐ | No ☐ |
| SECTION E: Money | Yes ☐ | No ☐ |
| SECTION F: Fidelity Guarantee | Yes ☐ | No ☐ |
| SECTION G:Goods in transit | Yes ☐ | No ☐ |
| SECTION H: Electronic equipment | Yes ☐ | No ☐ |
| SECTION I: Plate glass | Yes ☐ | No ☐ |
| SECTION J: All Risk | Yes ☐ | No ☐ |
| SECTION K: WIBA | Yes ☐ | No ☐ |
| SECTION L: Employer's liability | Yes ☐ | No ☐ |
| SECTION M: Machinery breakdown | Yes ☐ | No ☐ |
| SECTION N: Machinery breakdown - Consequential loss | Yes ☐ | No ☐ |
| SECTION O: Political Violence and Terrorism | Yes ☐ | No ☐ |
| SECTION P: Carrier's liability | Yes ☐ | No ☐ |
| SECTION Q: Key man Insurance | Yes ☐ | No ☐ |
| SECTION R: Group Personal Accident | Yes ☐ | No ☐ |

**Section A Fire and Perils This section is compulsory (NB Section B & C can only go with A but not on their own)**

1. Construction of building_____

a) External walls (built of)_____ b) Roof (built of)_____

c) Floors (built of)_____ d) No. of Storeys_____

e) Has the property ever been surveyed? Yes ☐ No ☐

If so, provide the name of the surveyor_____ Date of the survey_____

f) Occupied as e.g. offices, shop, hotel e.t.c._____

2. Are you the only occupier? Yes ☐ No ☐

If No, describe the occupation of the other businesses_____

3. What materials have been used for the ceiling and partitioning? _____

4. Are there other buildings adjacent and communicating with the premises proposed to be insured? Yes ☐ No ☐

5. Are hazardous goods kept in the building? Yes ☐ No ☐

If yes, please give full details and quantity_____

N.B. Separate buildings must have a separate sum insured and if stock or contents are kept in two or more distinct buildings the sum insured in each building must be specified.

| Item No | Description of Property | Sum Insured (Kshs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Cover Extensions
The undernoted extensions can be incorporated to the policy and appropriate premiums to be charged

| No | Description | Sum Insured (Kshs) |
|---|---|---|
| A | Removal of debris | |
| B | Earthquake | |
| C | Electrical clause III (indicate value of electrical items connected to power ) | |
| D | Flood | |

**Section B: Business interruption / Consequential loss**

1. Gross profit _____

2. Wages and salaries _____

3. Auditor fees _____

4. Increased cost of working _____

5. Indemnity period (Number of Months) _____

**Section C: Burglary**

1. Intruder Alarm

Does the premises have an alarm system? ☐ Yes ☐ No

If "Yes", please give the following details: _____

a) Name of the alarm company _____

b) Date of installation _____

c) Maintained under contract with the installer ☐ Yes ☐ No

2. Other security measures

a) Are your premises guarded during and after business hours? ☐ Yes ☐ No

b) Do you use your own or shared security? ☐ Own ☐ Shared security

Name of the security company _____

c) Is the premises under 24 hours CCTV surveillance? ☐ Yes ☐ No

3. Physical protection

a) Are all the doors, windows, skylights and other means of entrance protected? ☐ Yes ☐ No

If "Yes" please describe the protections _____

b) Are shutters or any other glass protection devices used?

If "Yes" please provide full details

| Item No | Description of Property | Sum Insured (Kshs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Section D: Public Liability**

1. Please state the indemnity limit required Kshs_____

2. Premise Details

a) Do you own or rent premises? ☐ Yes ☐ No

b) Business carried on by others? ☐ Yes ☐ No

If yes, please state the nature of business carried out by others_____

3. Work away from own business

Do you undertake work away from the premise (other than collection or delivery of good or commerical work such as sales) ☐ Yes ☐ No

If "Yes" please provide the following details_____

a) Nature of work away

b) Do you use welding equipment, blow lamps, blow torches or other similar equipment away from own premises ☐ Yes ☐ No

If "Yes", please provide details ( type, frequency of use, etc)_____

**Section E: Money**

1. Definition of money
"Cash, Currency Coin, Bank and Currency Notes, Postal Order, Money Orders, Negotiable Cheques, Postage Stamps, Government Revenue Stamps, National Hospital Insurance Fund Stamps, and Local Authorities Service Charge"

| Description | Sum Insured (Kshs) |
|---|---|
| Money in transit - to and from the bank | |
| Money in premises outside business hours | |
| Money in hands of authorized employees | |
| Money in the safe or strong room | |
| Damage to Safe | |
| Estimated annual carry | |

2. Safe details

a) Do you have any safe? Yes ☐ No ☐

If "Yes" please provide the following details:

Make and model no._____ Serial no. _____

Date purchased_____ New or secondhand_____Estimated Weight_____

Dimensions locked by_____ Cost Price_____ Present Value _____

b) Is the safe? ☐ Burglar proof ☐ Fire Resistant ☐ Permanently Installed

c) How is the safe locked? ☐ Combination Codes Only ☐ Key ☐ Both Combination Codes and key

3. Money in transit

a) How often do you.

i) Withdraw cash from the bank?_____ times per day/week

ii) Deposit cash in the bank? _____times per day/week

b) Names and addresses of the bank and how far is the bank from the premises

c) Mode of carry

d) Do you use your staff or security firm to carry your cash?

e) If your staff is used, what is the number of adult males accompanying the money during each transit?

f) What methods are used and security precautions in in force during transit?

g) If a security firm is used, give details of the methods of carrying and security arrangements

**Section F: Fidelity Guarantee**

1. For how long has the business been in operation?

2.How many permanent employees do you currently engage?

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

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

5. Are independent systems in place to check that all transcations done by employees are accounted for? ☐ Yes ☐ No

6. How often will the books of accounts be audited? ☐ Yes ☐ No

7.Do you have an internal audit function? ☐ Yes ☐ No

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

**Scheduled: Details of employees to be covered( In case of un-named policy, please provide number of employees, positions and limits of liability**

| Names | Position/Designation | Number | Limit of liability per employee/ position | Aggregate limit of liability per period |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section G: Goods in Transit**

1. Description of goods carried?

2. Mode of conveyance ☐ Road ☐ Rail ☐ Inland Waters ☐ Other

If other, please specify

3. Where are goods conveyed? ☐ Kenya ☐ East African ☐ Anywhere else

4. Is there permanent garaging at the premise above? ☐ Yes ☐ No

If No, please state the location of the garaging facilities

5. Are vehicles left loaded and unattended at night? ☐ Yes ☐ No

If so, please describe the security measures at garaging premises

6. Do you maintain a proper records for the goods conveyed? ☐ Yes ☐ No

Schedule of transportation vessels (vehicles, trailers, motor cycles, boats) and limits of liability

| Make & Description | Registration Number | Carrying Capacity | Sums insured (Kshs) | Own/Hired |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. State the geographical limit of transit destination (Kindly Tick the Option)

a. Kenya ☐ b. East Africa ☐ c. Comesa Region ☐

9. a. Maximum limit in respect to any consignment or load Kshs_____

b. Estimated annual carry Kshs_____

c. Approximate number of trips per week _____

d. Average value of each trip indicated in item C above Ksh _____

10. Cover extensions (**appropriate additional premiums will be charged)**

Would you like to extend the cover to include:

a) Strike, Riot and Civil Commotion ☐ b) Terrorism & Political Risks ☐

**Section H: Electronic equipment**

1. Please state the territorial limit for which this insurance should operate

i)Kenya ☐ ii)East Africa ☐ iii)Comesa ☐ iv) WorldWide ☐

2. Condition of the Equipment

a) Is the equipment new? Yes ☐ No ☐

b) Was the equipment obtained ex-works, that is, were all costs from the seller's premises borne by you? Yes ☐ No ☐

c) Is the Air Conditioner:

- Pressurized Yes ☐ No ☐

3. Risk Details

Material Damage (MD) Section - covers accidental loss or damage to the equipment

In the absence of a specific sum insured for each item covered, the company's liability on any single article shall not exceed Kshs 50,000/-. If the list of items is long, kindly attach a separate sheet with details of the items.

| Items No | Full Description of each item | Serial Number | Year of Manufacture | Sum Insured (Kshs) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total | |

Note: The following type of equipment can be insured.

Computers and allied accessories, Auxiliary equipment like UPS, printers, scanners, servers, firewalls, Voltage stabilizers, Medical & Biomedical Equipment e.g. Laboratory equipment, X-ray equipment, Electronic control panels, Telecommunication and navigational equipment, Electronic equipment for research and material testing, and similar equipment.

4. Maintenance

a) Is the equipment maintained in accordance with the manufacturer's instructions? ☐ Yes ☐ No

If yes, please provide details

b). Is there a valid Maintenance Contract in place? ☐ Yes ☐ No

If not, explain how the maintenance is carried out and by whom._____

_____

c) Is the equipment fitted with a power surge or voltage protection device? ☐ Yes ☐ No

If yes, please give the specifications of the device_____

5. Quality of Staff

1. Have all operators been trained to handle the equipment? ☐ Yes ☐ No

If not, what measures are being taken for reducing operational errors_____

**Section I: Plate Glass**

Please complete the schedule below providing full details of glass to be insured

| No of plates | Length in inches | Width in inches | Description of glass | Sum Insured (Kshs) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Section J: All Risk**

This section is for the portable items to be insured such as office equipment, laptops, cameras, mobile phones e.t.c.

Please indicate the territorial limit required for this section. Kenya only ☐ East Africa ☐ Worldwide ☐

Complete the schedule below providing a detailed description and full value of each item to be insured.

| Item No | Full description | Make & Model | Year of Manufacture | Serial Number | Value (Kshs) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Section K: WIBA**

Please select the preferred cover option:

a) WIBA ☐

B) WIBA/ GPA ☐

Employees being workers as defined by section 5 of the Work Injury Benefits Act 2007

| Name/ number of | Description of occupation | Estimated annual basic salaries / wages and other earnings on which premium is based | For Official Use Only | | |
|---|---|---|---|---|---|
| | | | Rate | Premium | Classification |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please attach a separate sheet if the above field is not sufficient; maintain the same format as the table above.

**Section L: Employers Liability (Common Law)**

Limited of Liability: Select any one of the following options

| | A | B | C | D |
|---|---|---|---|---|
| Any one person | 2,000,000 | 4,000,000 | 6,000,000 | 8,000,000 |
| Any one accident | 10,000,000 | 15,000,000 | 20,000,000 | 25,000,000 |
| Any one year | 20,000,000 | 30,000,000 | 40,000,000 | 50,000,000 |
| Percentage of WIBA premium | 25% | 30% | 35% | 40% |
| Option selected (Tick) | ☐ | ☐ | ☐ | ☐ |

**SECTION M: Machinery breakdown**

| Item No | Description of Machines | Year of Manufacture | Serial Numbers | Replacement Value (Kshs) |
|---|---|---|---|---|
| | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| | Total | | | |

**SECTION N: Machinery breakdown - Consequential loss ( This section can be selected if M-Machinery Breakdown has been chosen)**

1. What interruptions have occurred to your machines during the last 5 years?

   Number_____ Type(s)_____

   Duration_____ Type of machinery affected_____

2. Please give a brief description of the production process, making special allowance for production bottlenecks and

   attaching a flow sheet to show the machinery to be insured._____

   _____

   (please attach further sheets if necessary)

3. a) What type of repair works can be carried out without external help?_____

   ._____

   b) Please indicate external repair facilities for the individual machines in the list of machinery_____

4. What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order?

   Type of maintenance and intervals_____

5. Number of employees in the works to be insured?

   Total Number_____ Number of employed for maintenance purposes_____ Fluctuation (in %)_____

6. Normal working hours of the works to be insured

Per day_____ Hours in_____ Shifts_____

Per week_____ Hours in_____

Per year_____ Days_____

7. Are there any seasonal production or sales fluctuations of more than 20% in the works to be insured? ☐ Yes ☐ No

If so, please indicate_____

8. Is there stock of semi-finished or finished products? ☐ Yes ☐ No

If so, what period of interruption can be compensated thereby?_____

9. Summary of the insurance covers desired (sum insured)

| Items No. | Subject matter to be insured | Sum Insured (Kshs) |
|---|---|---|
| 1 | Gross Profit | |
| 2 | Wages | |
| 3 | Auditors fees (cost of producing and certifying documents in connection with a claim) | |
| 4 | Increased cost of Working (extra expenses incurred to restore normal working operation) | |

Maximum Indemnity Period_____ months (Indemnity period refers to the period during which the result of the business shall be affected. As a consequence of its damage resulting from Machinery Breakdown until turnover returns to normal)

**Section O: Political violence and terrorism**

1. Is the premises located within 100 meters of the following establishments: (tick all applicable)

| Military Premises | Government Premises | Airport | Embassy | Parking Area | Religious Institution | Stadium |
|---|---|---|---|---|---|---|
| | | | | | | |

2. Briefly physical description of the premise including:

Number of floors/Basements _____

Type of construction_____

Details of any car park facilities _____

Details of any public access _____

3. Details of Security Guards:

Own Security ☐ Private Security Company ☐ Military/Police ☐

4. Does the premises have a full perimeter fence/wall Yes ☐ No ☐

If yes, please state the Height:_____

Type: _____

Number of gates / entrance / access points_____

How is access controlled? _____

5. Have there been any losses or known threats within the last 3 years? ☐ Yes ☐ No

6. Summary of items to be Insured

| Items No. | Description of Property | Sum Insured (Kshs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Section P: Carriers Liability**

1. What is the Mode of Conveyance( Kindly Tick the Mode)

   a. By Road ☐ b. By Rail ☐ c. By Inland Water ☐ d. By any other Means ☐

   Please specify any other means_____

2. State the geographical limit of transit destination (Kindly Tick the Option)

   a. Kenya ☐ b. East Africa ☐ c. Comesa Region ☐

3. Sum Insured

   a. Maximum limit any one consignment Kshs_____

   b. Estimated Annual Carry Kshs_____

   c. Approximate number of trips per week_____

   d. Average value of each trip indicated in item C above Kshs_____

4. 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

Details of own Vehicles for Transit of Goods( Provide a separate sheet if necessary)

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

6. 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 ☐

7. Details of Goods 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 goods ( Yes or No )

a. Wine and/or Spirits ☐ Yes ☐ No

b. Tobacco ☐ Yes ☐ No

c. Coffee ☐ Yes ☐ No

d. Highly flammable oil products i.e petrol, diesel, aviation fuel ☐ Yes ☐ No

e. Gold or Ornaments or minerals of special value ☐ Yes ☐ No

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 _____

8. Have you ever sustained loss or damage to goods in transit? ☐ Yes ☐ No

If yes, give details _____

9. Do you maintain a proper record of goods in transit? ☐ Yes ☐ No

10. Cover extensions (**appropriate additional premiums will be charged)**

Would you like to extend the cover to include:

a) Strike, Riot and Civil Commotion ☐ b) Terrorism & Political Risks ☐

**Section Q - Keyman Insurance**

1. Particulars of Life Assured

Name of Proposed Life Assured _____

Identity Card/Passport _____

2. Please state the Life Assured's occupation, duties and responsibilities:

_____

_____

3. Please explain why the Life Assured is a keyman of the company _____

_____

4. How much is the sum assured of the keyman? _____

5.How many other employees are there in company who are also considered keyman? _____

**Section R Group Personal Accident**

1. What duties do you perform? (Tick all appropriate)

☐ Office duties ☐ Office duties with site visits ☐ Manual worker

☐ Commercial traveller (sales/driver) ☐ Any other duties _____

2. Does any proposed for cover;

a. Suffer from any sight, hearing or any other physical impairment? Yes ☐ No ☐

- If yes, please specify _____

b. Ever suffered from any serious injury or illness Yes ☐ No ☐

- If yes, please give details _____

c. Engage in hazardous sporting activities or past times? Yes ☐ No ☐

- If yes, please give details _____

d. Is aged above 70 years? Yes ☐ No ☐

- If yes, please give the names and the current age _____

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.

3 a) List of people proposed for the cover

| | Name | Designation | Number | Annual Earning (Kshs.) |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

b) Schedule of benefits

| | | Limit (Kshs) or number of years earnings |
|---|---|---|
| A | Death | |
| B | Permanent total disability (PTD) | |
| C | Temporary total disability (TTD) Earnings per week | |
| D | Medical Expenses | |
| E | | |
| F | | |
| G | | |
| H | | |

Please confirm if the above salaries include constant allowance i.e housing, commuter etc? ☐ Yes ☐ No

**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 have read the above statements and agree that this declaration shall be held to be promissory and shall form part of the contract between me/us and Geminia Insurance Company Limited. Further that all statements and particulars entered are correct and have been accepted by me/us or with my full authority.

Customer Name:_____ Phone number:_____

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

Signature: _____ Date:_____

**NOTE:**

1. The Insured 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 insured reserve the right to modify the terms of the policy.