GEMINIA INSURANCE COMPANY LIMITED
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HOLE IN ONE
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.

Important information about you

1. You / Proposer (Name): _____

   Address: _____ Telephone No: _____

   Email Address _____ KRA Pin _____

   Name of intermediary _____

   Registration Number _____

2. Have you made any claim on an insurer or incurred any losses in connection with this type of insurance? ☐ Yes ☐ No

   If "Yes", please give full details: _____

3. In respect of any risk proposed has any insurer ever canceled or declined to renew a policy, imposed special terms or declined to give a quotation? ☐ Yes ☐ No

   If "Yes", please give full details: _____

4. Have you or any person connected with the risk proposed ever been convicted of a Criminal offence other than a motoring offence? ☐ Yes ☐ No

Information about the competition

1. At which Golf Club is the Event to take place? _____

2. Date and duration of the Event: From: _____ To: _____

3. Hole Number: _____ Par: _____

4. Length of the Hole in Yards / Metres: _____

5. Number of Amateurs players: _____ Professional players: _____

6. Description of Prize: _____

7. Value of Prize: _____

8. Who is supplying the Prize? _____

   Please provide details of two persons who will be required to attend and supervise the Competition at all times. These persons will be responsible for ensuring that the Competition Rules are adhered to and will record the number of entries. In the event of a claim, we may require a written statement from these persons. Only persons approved by us may supervise the Competition.

   Name: _____ Age: _____ Occupation: _____

Name: _____ Age: _____ Occupation: _____

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 confirm that the information given in this Proposal Form, whether in my/our own hand or not, is correct.
I/we declare that I/we have made a fair presentation of the risk by disclosing all material matters and circumstances which would influence a prudent Underwriter's assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters and circumstances were the subject of a specific question in this Proposal Form. If there are any material matters or circumstances not specifically covered by a question in this Proposal Form, I/we have listed these on a separate sheet of paper which is signed and dated and attached.
It is understood that the signing of this Proposal Form does not bind the Proposer(s) to complete or Underwriters to accept this insurance.
I/we the Proposer(s) accept these conditions as the proposed Insured or agent of the proposed Insured and that any subsequent Contract of Insurance may become null and void if any of the foregoing conditions are breached.
I/we the Proposer(s) accept these conditions as the Proposed Insured or agent of the Proposed Insured.
I/we the Proposer(s) also agree that in the event any information contained in any completed Proposal Form and/or supplied to support this Proposal Form or other application for this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the proposal for insurance, including but not limited to withdrawing any prior agreement to provide cover.
The person signing this Proposal Form is duly authorised to do so on behalf of the Proposer(s).

Name of person Completing the Proposal form_____

Designation_____ Date_____

Signature_____