GEMINIA INSURANCE COMPANY LIMITED
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HOME PACK INSURANCE
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.
- Attach a copy of certificate of incorporation, KRA PIN certificate and national ID or passport copy with this application.

Part 1. Proposer's Details

1. Full name of the proposer: _____

2. KRA Pin No: _____ 3. Certificate of incorporation No: _____

4. Postal Address: _____ 5. National ID/Passport No: _____

6. Email Address: _____

7. Location of the premises: _____

8. Contact person's mobile number: _____

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

10. Period of Insurance From: _____ To: _____

11. Name of intermediary if any _____

Part 2. Description of Premises

1. Of what material is the dwelling constructed? a) Walls _____

b) Roof _____ c) Floor _____

d) Window _____ e) Doors _____

2. What is the height in storeys? _____

3. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? ☐ Yes ☐ No

4. Is the premises:

a) A private dwelling house? ☐ Yes ☐ No

If not please explain _____

b) A self-contained flat with seperate entrance exclusively under your control? ☐ Yes ☐ No

5. Is the dwelling solely in your occupation? (Include your family and servants) ☐ Yes ☐ No

6. a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? ☐ Yes ☐ No

If so, state the extent _____

b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? ☐ Yes ☐ No

If so, state the extent _____

NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the Company in writing.

7) Are the buildings in good state of repair and will they be so maintained? ☐ Yes ☐ No

8) Do you wish to insure rent receivable or rent payable? ☐ Yes ☐ No

If yes, state amount and number of months for which cover is required

Amount Kshs_____ Number of months_____

9) Do you wish to enhance the value of your building automatically at the end of every insurance period? ☐ Yes ☐ No

If so indicate the percentage increase required. Tick appropriate option below:

a) Five percent (5%) ☐
b) Ten percent (10%) ☐
c) Fifteen percent (15%) ☐
d) Twenty percent (20%) ☐

10) Please indicate the security arrangement you have put in place

Own Watchman ☐
Security Guards ☐
Any other (please specify) _____

Part 3. Property To Be Insured

Section a - The Buildings

The proposer's residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining there to, including Landlord's fixtures and fittings in the said building all situated as above Kshs_____

Total Sum Insured on Buildings (attach a copy of recent valuation report if available)

Note: The sum Insured for the buildings should be the reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for Architects and Surveyors consultancy fees and Cost of debris removal.

Section b - Contents

Note 1: The sum Insured should be the replacement value less depreciation, wear and tear of the property.

Note 2: No one article (furniture excepted) shall be deemed of greater value than 5% of the total sum Insured on the contents unless such article is specifically Insured.

Note 3: The total value of platinum, gold and silver articles, jewellery will be deemed not to exceed one third of the total sum Insured on the said contents unless specifically agreed upon with the Insurer. If the said value exceeds this portion t he total value of such property should be specified.

No.	Description	Make & Model	Serial Number	Year of manufacture	Value (Kshs.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Section c - All Risks

Note: The sum Insured should be the replacement value of the property less a deduction for wear, tear and depreciation. Please give a detailed description and state separately the value of each item as provided here below. In the absence of specific sum insured the company's liability on any single article shall not exceed kshs. 50,000/=

NO.	Description	Make & Model	Serial Number	Year of manufacture	Value (Kshs.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

1. For any items of jewellery with sum Insured up to and in excess of Kshs.50,000 a valuation report must be provided.
2. Please indicate territorial limits to be covered ☐ Kenya ☐ Worldwide
3. Do you wish to cover losses arising from power surge? ☐ Yes ☐ No
   If yes kindly note that an additional premium will be charged

Section d - Work Injury Benefit Act (as per WIBA Act 2007)

Employees to be covered: indoor workers, gardeners, drivers, watchmen & cleaners

Employee Type	Annual Wage	Number of Employees	Estimated Annual Wages

Section e - Employer's Liability

Limit of cover required (tick as appropriate)

	☐ Option A	☐ Option B
Any One Person	Kshs. 2,000,000	Kshs. 4,000,000
Any One Event	Kshs.10,000,000	Kshs.I5,000,000
Any One Year	Kshs.20,000,000	Kshs.30,000,000

Subject to deductible of Kshs.10,000 each and every claim

Section f - Owner's Liability

Limit of Indemnity required - Kshs._____

Section g - Occupier's and Personal Liability

Limit of Indemnity required - Kshs._____

Section H: Extension

The undefined extensions can be incorporated to the policy and appropriate additional premiums to be charged

No.	Description	Sum insured (Kshs)
a.	Removal of debris	
b.	Loss of rent receivable: per month_____ No. of months_____	
c.	Expenses for rent for alternative accomodation	
d.	Life rider	
e	Terrorism and political risks (include value of building, contents & all risks)	
f	Personal Accident Cover	

Part 4. General Insurance History

1) Do the sums proposed for insurance represent the full value of the property? ☐ Yes ☐ No

2) Are you currently insured in respect to the above risks? ☐ Yes ☐ No

If yes state: Insurance Company_____ Expiry Date _____

3) 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 of insurance effected thereon.

Name of person Completing the Proposal form_____

Designation_____ Date _____

Signature_____Official Company Rubber stamp_____

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 insurer reserve the right to modify the terms of the policy.