**GEMINIA INSURANCE COMPANY LIMITED**
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# HORSE 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 Incorporation, KRA pin certificate with this application.

### 1 Proposer's Details

Full name of the proposer: _____

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

Postal Address: _____

Email Address: _____

Location of the farm: _____

Contact person's mobile number: _____

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

Period of Insurance From: _____ To: _____

Name of intermediary _____

Does any other party have an interest in the horse(s) proposed for insurance Yes ☐ No ☐

If yes, please provide the name _____

### 2. Use of the horse

☐ Dressage ☐ Jumping

☐ Eventing ☐ Showing

☐ Camp drafting ☐ Reining

☐ Barrel Racing ☐ Pleasure

☐ Polo ☐ Pony/Riding Club

### 3. Horse health and care

a) Does a farrier regularly attend the horse? Yes ☐ No ☐

b) How often is the horse under supervision? ☐ Constant ☐ Daily ☐ Weekly

c) Does the horse suffer from any congenital and/or conformation fault? Yes ☐ No ☐

If yes, provide details _____

d) Has the horse suffered from or been treated for any injury, illness or disease? Yes ☐ No ☐

If yes, provide details _____

e) Has any professional advised that items outlined in question C and D may predispose the horse to future injury, illness or disease? Yes ☐ No ☐

If yes, provide details _____

Provide the name and address of the your regular Veterinary Surgeon

Name _____ Phone No _____

Address _____

f) Have ever sustained a loss or losses by any contingencies against which you now propose to insure? Yes ☐ No ☐

If yes, state details of the losses _____

_____

## 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.

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