GEMINIA INSURANCE COMPANY LIMITED
Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
Tel: 2782000 Fax: 2782100
Email: info@geminia.co.ke
www.geminia.co.ke

INDUSTRIAL ALL RISK
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.

Part A Proposer's Details

Intermediary _____

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

Postal Address: _____ Postal Code _____ Town _____

Office Tel _____ Mobile Number _____

Email Address: _____

Location of the Business: Name of the Building _____ Plot No _____ Town _____

Street _____ Road _____ Region _____

Nature of Business/ Occupation _____

Name of Contact Person _____ Position _____

Mobile Number _____

Period of Insurance Required: From _____ To _____

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

If yes, please give their name _____

Part B Details of Insurance

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

   If "Yes", please provide more information _____

2. a) Do you maintain a proper set of Account Books? Yes ☐ No ☐

   b) How often are your books of accounts audited? _____

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

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

3. The following Sections are available. Please indicate which cover you require:

   Section A: Material Damage (Fire, Burglary & Accident Damage) Yes ☐ No ☐

   Section B: Business Interruption Yes ☐ No ☐

Part C Material Damage

1. Construction of Building

a) External Walls (built of)_____ b) Roof_____

c) Floors_____ d) No. of Storeys_____

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

If so give the name of the surveyor_____ Date of the Survey _____

f) Occupied as_____

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

If you have answered 'No' described other occupiers_____

3. Are there any ceilings or partitions of Calico, Canvas or Rush? Yes ☐ No ☐

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

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

If the answer is yes, give full details and the quantity

Details of Insurance		
Details of Insurance	Description of Property	Sum Insured (Kshs)

6. Are your premises grounded when closed after business hours? Yes ☐ No ☐

a) If Yes, tick the security measures in place

Own Watchman ☐ Burglar Alarm System ☐

Shared (Joint) Security ☐ CCTV Cameras ☐

Premium Rate	Premium (Kshs)	Excess

Part D Business Interruption

1. On Gross Profit_____

2. On Wages & Salary_____

3. Auditor's fee_____

4. Increased cost of working_____

5. Indemnity period (Number of months) _____

Premium Rate	Premium (Kshs)	Excess

Part E General Insurance History

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

2. Has the property proposed for this insurance been covered under a fire policy with Geminia Insurance Company Ltd? Yes ☐ No ☐

3. Are you currently insured with respect to the above risks? Yes ☐ No ☐

   If Yes state: Insurance Company_____ Expiry Date_____

4. Has any Insurer

   i) Declined to insure you? Yes ☐ No ☐

   ii) Required special terms to insure? Yes ☐ No ☐

   iii) Cancelled or refused to renew your insurance policy? Yes ☐ No ☐

   iv) Or increased your premium on renewal? Yes ☐ No ☐

Part F: Claims History

Have you ever suffered any loss/claim in respect to this class of Insurance Yes ☐ No ☐

If Yes, please provide the details below_____

No	Date of Loss	Nature of Loss	Claim Amount	Name of Insurance Company

3. 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 of insurance effected thereon.

Name of person Completing the Proposal form_____

Designation_____ Date_____

Signature_____

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.