GEMINIA INSURANCE COMPANY LIMITED
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LOSS OF PROFITS - FIRE
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 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 premises:_____

Contact person's mobile number:_____

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

Period of Insurance From:_____ To:_____

Name of the intermediary, if any_____

Address of all premises which have a bearing on the profit of the business_____

a)_____ b)_____

c)_____ d)_____

Maximum Indemnity Period_____months (Indemnity period refers to the period during which the result of the business shall be affected. In consequence of its damage resulting from Fire & Allied Perils until turnover returns to normal)

Part 2. Sum Insured

No.	SUBJECT MATTER TO INSURED	SUM TO BE INSURED (Kshs.)
a.	Gross Profit	
b.	Wages	
c.	Auditors fees (Cost of producing and certifying documents in connection with a claim)	
d.	Increase the cost of working (Extra expenses incurred to restore normal working operations)	

Part 3. General Insurance History

1. a) How often are your book's accounts audited?_____

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

2. Have you ever suffered loss by Fire or Allied Peril? ☐ Yes ☐ No

   If so, please give details_____

3. Are you currently insured against loss of profit resulting from Fire & Allied Peril? ☐ 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 you? Yes ☐ No ☐

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

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

Part 4. 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://geminia.co.ke/data-privacy-statement/) 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://geminia.co.ke/data-privacy-statement/). 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_____ 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.