GEMINIA INSURANCE COMPANY LIMITED
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LOSS OF PROFIT MACHINERY BREAKDOWN 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 the certificate)

Postal Address:_____

Email Address:_____

Location of the premises:_____

Nature of the business:_____

Contact person's mobile number:_____

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

Period of Insurance From:_____ To:_____

Name of Intermediary_____

2. Insurance Details

a) What interruptions have occurred to your machines during the last 5 years?

Number_____ Type(s)_____

Duration_____Type of machinery affected_____

b) Please give a brief description of the production process, making special allowance for production bottlenecks and attaching a flow sheet to show the machinery to be insured._____

_____

(please attach further sheets if necessary)

c) What type of repair work can be carried out without external help?_____

_____

d) Please indicate external repair facilities for the individual machines in the list of machinery_____

_____

e) What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order?

Type of maintenance and intervals_____

_____

f) Number of employees in the works to be insured?

Total Number_____ Number of employed for maintenance purposes_____Fluctuation (in %)_____

g) Normal working hours of the works to be insured

Per day_____ Hours in _____ Shifts_____

Per week_____Hours in_____

Per year_____ Days _____

h) Are there any seasonal production or sales fluctuations or more than 20% in the works to be insured? ☐ Yes ☐ No

If so, please indicate _____

i) Is there stock of semi-finished or finished products? ☐ Yes ☐ No

If so, what period of interruption can be compensated thereby?_____

j) Summary of the insurance covers desired (sum insured)

Items No.	Subject matter to be insured	Sum Insured
1	Gross Profit	
2	Wages	
3	Auditors fees (cost of producing and certifying documents in connection with a claim)	
4	Increased cost of Working (extra expenses incurred to restore normal working operation)	

Maximum Indemnity Period_____months (Indemnity period refers to the period during which the result of the business shall be affected. As a consequence of its damage resulting from Machinery Breakdown until turnover returns to normal)

4. Have you in the last three (3) years suffered a loss in connection with the type of insurance? ☐ Yes ☐ No

If yes, give the details of;_____

a) Date(s) of loss_____ b) Amount(s) of loss _____

c) Cause of loss(es)_____

d) Name of the insurance company with which the claim(s) was made_____

3. Consent and Declaration form

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_____

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.