GEMINIA INSURANCE COM PANY LIMITED
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MONEY INSURANCE
PROPOSAL FORM

This policy does not cover financial institution ie. banks

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.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

Part 1. Propers' details

Full name of the proposer_____

KRA Pin No_____

Postal Address_____ Postal Code_____

Location of the premises_____

Contact Person's mobile number_____

Nature of business_____

How long have you conducted the business in terms of years

Period of Insurance: From:_____ To:_____

Name of intermediary if any_____

Part 2. Insurance Details

1. a) What are your usual business hours? From:_____(am/pm) To:_____(am/pm)

b) What is the territorial limit required for this cover? Kenya ☐ East Africa ☐ Others ☐

Transit Cover

2. Describe how your money is conveyed. (Tick where appropriate)

a) By employees Yes ☐ No ☐

b) By security firm Yes ☐ No ☐

c) Police escort Yes ☐ No ☐

d) Others (please specify)_____

3. Which bank do you use and its distance from the premises?_____

Safe / Strong room

4. Do you require cover for cash contained in a locked safe or strong room?

If yes, please state:_____

a) Make of Safe or Strong room_____ b) Type_____

c) Size_____ d) Weight_____

e) Where will it be kept?_____ f) How is the safe secured and/or anchored?_____

g) Who has the keys/access to safe / strong room?

Fidelity Guarantee

7) Do you have any Fidelity Guarantee Policy? ☐ Yes ☐ No

If yes, give details of the amounts guaranteed_____

Part 3 Limit of cover required

No.	Full Description of each article	Amount, (Kshs)
1	Money in Transit from premises to bank (or any other licensed money agents) and vice	
2	Money on the Insured's premises during business hours.	
3	Money on the Insured's premises out of business hours securely locked in cabinet / drawer.	
4	Money in the hands of and or at the residences of the directors.	
5	Money in the hands of sales persons/drivers and / or other employees authorized to collect sales money/proceeds.	
6	National Hospital Insurance Fund and Revenue Stamps.	
7	Money in locked safe or strong rooms	
8	Value of safe or strong room	
9	Any other (please specify)	
10	**Estimated Annual Carryings**	

Please note that the cover is subject to an escort/transit security warranty, a specimen wording below

It is hereby declared and agreed that the following warranties will apply in respect of money in transit.
i. Up to Kshs.2,000,000/=,the money shall be carried by employees of the Insured.
ii. Exceeding Kshs.2,000,000/= but not more than Kshs.5,000,000/=, the money shall be escorted by two employees.
iii. Exceeding Kshs.5,000,000/= but not more than Kshs.10,000,000/=, the money shall be transported in a motor vehicle and accompanied by two employees.
iv. Exceeding Kshs.10,000,000/=, the money shall be transported by a professional security firm.

Further, it is a condition precedent to liability under this Policy that the said security firm shall have contracted to indemnify the Insured against losses arising out of their own employees' infidelity and the indemnity is secured by an insurance Policy to be maintained in force for the period of contract.

Cover	Loss of money in transit or from described premises, loss or damage to safe/strong rooms
Main Exclusions	Loss with involvment of employee or family member, unexplained losses, consequential loss use of keys/passwords, riot strike, civil commotion, war, terrorism, polical risks.

Part 3. 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 in 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 you?	☐ Yes	☐ No
iii) Cancelled or refused to renew your insurance?	☐ Yes	☐ No
iv) Or increased your premium on renewal?	☐ Yes	☐ No

Part 4 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 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.