GEMINIA INSURANCE COMPANY LIMITED
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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 certificate)

Postal Address:_____

Email Address:_____

Location of the premises:_____

Nature of business_____

Contact person's mobile number:_____

Name of chief engineer of plant operations manager_____

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

Period of Insurance From:_____ To:_____

Name of intermediary_____

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

If yes, please provide the name_____

2. Do you wish to insure the foundations of the machinery? Yes ☐ No ☐

If so, please state the relevant items of the specification_____

3. Does the specification include all the machinery coverable under a piece of machinery? Yes ☐ No ☐

4. Do you wish the cover to include extra charges (incase of loss) for:

Express freight, overtime, nightwork, work on public holidays? Yes ☐ No ☐

Air freight? Yes ☐ No ☐

Limit of indemnity for air freight:_____

5. Specification of machines to be insured

Item No	Description of Machines Please give a full description of all machines, including the name of manufacture, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature.	Year of Manufacture	Serial Numbers	Replacement Value Please state the current cost of replacing the machine with new machinery of the same kind and capacity (including the oil in the case of transformers and switches) plus freight charges, customs duties, cost of erection, and also the value of foundations, if the latter are to be insured
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
	Total			

6. General Insurance History

a) Does the sums proposed for insurance represent the full value of the property? Yes ☐ No ☐

b) Are you currently insured with respect to the above risks? Yes ☐ No ☐

If yes, state: Name of Insurance Company_____ Expiry date of the policy_____

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 increase your premium on renewal? Yes ☐ No ☐

7. 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

Part 6. 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.