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

PROFESSIONAL INDEMNITY & MEDICAL MALPRACTICE PROVIDERS SERVICES
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.
- Submit a Certificate 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 the certificate)

Postal Address:_____

Email Address:_____

Location of the premises:_____

Nature of 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 _____

Names and Qualifications of Principals - Partners of directors

Name	Qualifications Professional and Academic	Date Qualified	How long principal been in this practice (number of years)

I. Any branches of the Proposed Insured apart from the main head office branch Yes ☐ No☐

If Yes, please provide full details_____

Part 2 Detailed Business Description

Please state all the business lines for which this Insurance will apply:

a)_____

b)_____

c)_____

Part 3 Claims Experience

a) Have any claims ever been made against the Proposed Insured / Partners / Directors Members / Employees for the type of cover for which you are now applying? Yes ☐ No ☐

If Yes, please provide full details_____

b) After enquiry, are any of the Proposed Insured / Partners / Directors / Members / Employees aware of any circumstances which would be covered under a policy of this type, that may result in any claims or any possible claims being made against them? Yes ☐ No ☐

If Yes, please provide full details_____

Part 4 Details of Insurance

Have you been previously insured with respect to this policy Yes ☐ No ☐

If yes, please provide the following details:

i) Name of the Insurers:_____

ii) Date cover expires:_____

iii) Limit of Liability:_____

iv) Excess applicable:_____

v) Any claims reported or paid_____

Part 5 Staff Complement - State the details of staff to be covered in this policy

Specialty	No. of Employees	Specialty	No. of Employees
Anesthesiology		Orthopedics	
Cardiac Surgery		Paediatrics	
Cardiology		Plastic Surgery	
Dental Surgery		Psychiatry	
Dentist / Orthodontist		Radiology	
Dermatology		Radiotherapy	
ENT		Thoracic Surgery	
General Practioner		Transfusion Medicine	
General Surgery		Traumatology	

Specialty	No. of Employees	Specialty	No. of Employees
Gynecology		Urology	
Internal Medicine		Vascular Surgery	
Neonatology		Nurses	
Neurology		Midwives	
Neurosurgery		Students	
Nuclear Medicine		X-ray Technicians	
Obstetrics		Laboratory Technicians	
Ophthalmology		Other Please specify	

Part 6 Is there any further information that should be made known to the company in order that they may form a proper estimate of the risk? **Yes** ☐ **No** ☐

If Yes, please provide full details _____

_____

Part 7 Revenue (Gross fee Income)

Kindly provide the following details

	Immediate past Financial year-end	Estimates for the next Financial year
Gross Revenue of the Hospital/Clinic		
Gross Revenue from any other business covered in this policy		

Part 8 Sum Insured (Limit of Indemnity)

Limit any one period of insurance inclusive of costs and expenses. Ksh_____

Part 9 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_____ 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 insured reserve the right to modify the terms of the policy.