GEMINIA INSURANCE COMPANY LIMITED
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PROFESSIONAL INDEMNITY & MEDICAL MALPRACTICE PROPOSAL FORM

(CLINICAL OFFICERS - KCOA MEMEBERS ONLY)

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)

National ID/Passport No:_____ (Please attach a copy of ID/Passport)

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 intermediary_____

Business/Employers name (Hospital):_____

At what medical school did the proposer graduate_____

Year of graduation_____

Is the proposer duly licensed in accordance with the law to practice? Yes ☐ No ☐ (Please attach a copy of the license)

Is the proposer a member of any professional association? Yes ☐ No ☐

If yes, provide the registration number_____

Provide the name of the professional association _____

Is the proposer a member of any specialty association? Yes ☐ No ☐

If yes, provide the registration number_____

Provide the name of the association's specialty_____

Part 2: Details of Insurance

a. Specify your area of medical specialization_____

b. Does the proposer own, wholly, or in part operate or administer any hospital, nursing home or other institution where medical services are customarily rendered? _____

If so, please give the following details;

i) The number of reserved beds. _____

i) Give details of staffing _____

ii) The number of patients per year?_____

c. Has the proposer had any previous claims or any liability cases pending in court

If so, give full details _____

d. What is your proposed limit of cover (Limit of Indemnity) Ksh_____ (any one claim/year)

e. Details of Beneficiary				
Name of Kin	Relationship with the Insured	Percentage of Benefit	Date of Birth	Contact Telephone/Cell

Part 3 General Insurance History

a. Are you currently insured in respect of the above risks?

If yes state: Insurance Company_____Expiry Date _____

b. 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

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 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.