GEMINIA INSURANCE COMPANY LIMITED
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PRODUCT LIABILITY
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.

Part 1 Proposer's Details

1. Full name of the proposer: _____

   KRA Pin No: _____ (Please attach a copy of certificate)

   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 _____

2. Describe briefly the nature of the business you are engaged in

   a) _____

   b) _____

   c) _____

3. Does your business involve;

   a) Manufacturing? _____ e) Retailing? _____

   b) Processing? _____ f) Assembling? _____

   c) Packaging? _____ g) Importing? _____

   d) Wholesaling ? _____

4. Claims experience

   a) Has any claim been lodged against you in connection with any product sold supplied or manufactured by you? ☐ Yes ☐ No

If yes, give details of all claims against you (over as long a period as possible)

Year	Name of product	Nature of claim	Amount claim

5. Do you operate a research and development department? ☐ Yes ☐ No

If yes, please specify the details and qualifications of the personnel including the design team

_____

_____

6. Specify any products manufactured, sold, or used as raw materials for the manufacture of finished goods that are inflammable, explosive, poisonous, radioactive, or in any way dangerous.

_____

Description of Products	Name of Product	If not manufactured by you, Name of	Estimated Annual Turnover	Whether cover Required or Not

7. Do you keep records of the source of supply of goods and materials which you bundle or use? Yes ☐ No ☐

8. Are directions for the use of the product given by;

a) Printing on the container or product? Yes ☐ No ☐

b) Separate leaflet or brochure? Yes ☐ No ☐

9. Do you enter into any agreement or undertaking to indemnify (or harmless) suppliers of materials or components or subcontractors or processors in respect of any injury or damage? Yes ☐ No ☐

If so, please supply the wording. _____

10. Do you issue written guarantees or conditions of sale with or in respect of any of your products? ☐ Yes ☐ No

If so, please supply the wording. _____

11. Describe the type of containers used for packaging finished products?

Type of Container	Purpose used for (item packed)	If not manufactured by Name of manufacturer

12. If any of your products are assembled by another firm (or persons) or if your products incorporate parts manufactured elsewhere, please give details below.

Name of product assembled or incorporated	Name of supplier Buyer/User	Purpose used for	Estimated Annual Sales/Purchase

13. If any of your products, raw materials or components are manufactured abroad, give details as under.

Name of product, raw material or component	Name of Supplier	Country	Purpose used for	Estimated Annual Sales/Purchase

14. Are any products manufactured, sold, or supplied by you used in in connection with the aviation industry or for ariel? Yes ☐ No ☐

Name of product or component	Purpose used for

15. Give details of products or components which are supplied or distributed outside the country?

Name of product or component	Distributed through Name of agent/distributor	Countries supplied or distributed to	Estimated annual turnover in each country

16. Give details of all products manufactured by you which are used as raw materials or components by other countries?

Name of product or component	Purpose used for	Name of Companies which use the product (if available)

17. Give details of all products dealt with by you and state whether you require cover for the products under this policy

Description of Product	Name of Product	If not manufactured by you Name of manufacturer	Estimated annual	Whether cover required or not

a) State the estimated annual turnover, Ksh _____

18.Limit of indemnity required in respect of

a) Any one claim/ event Ksh _____

b) All claims during any one period of insurance Ksh _____

Note: For all products concerned in this inquiry, it is essential that descriptive leaflets or brochures, specimens, labels, guarantee and conditions of sale are attached to this proposal

Part 2 General Insruance History

19. Are you currently insured in respect to the above risks? ☐ Yes ☐ No

If yes state: Insurance Company_____ Expiry Date_____

a) Declined to insure you? ☐ Yes ☐ No

b) Required special terms to insure you? ☐ Yes ☐ No

c) Cancelled or refused to renew you insurance? ☐ Yes ☐ No

d) Or increased your premium or renewal? ☐ Yes ☐ No

Part 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 insure reserve the right to modify the terms of the policy.