GEMINIA INSURANCE COMPANY LIMITED
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PROFESSIONAL INDEMNITY PROPOSAL

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.

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 (profession):_____

Contact person's mobile number_____

Period of Insurance From:_____ To:_____

Name of intermediary_____

2. Full name of each partner, qualification and when qualified, how long practising as a Partner in the firm and name(s) of firm(s) in which he previously practised.

Name	Qualification (Both academic and professional)	When Qualified	Number of years of experience as a partner firm	Previous Firm(s)

3. Total numbers of partners and staff:

a) Partners_____

b) Professionally qualified staff other than the category in C below_____

c) Typists, Telephonist, Messengers and other support staff_____

4. Total indemnity required

a) per any one event/claim_____

b) in the aggregate during the period of Insurance_____

5. What was the Gross fee income (annual revenue earned for services rendered to your clients)

a) in the last 12 months? Ksh_____

b) in the 12 months before that? Ksh_____

6. What is the expected income in the next 12 months? Ksh_____

7. Have any claims ever been made against the firm or their predecessors in business or any of the present or former partners? ☐ Yes ☐ No

If so, please give full particulars_____

8. Are any of the partners aware of any circumstance which may give rise to a claim against the firm or their predecessors in business or any of the present or former partners? ☐ Yes ☐ No

9.Do you require cover for the undernoted extensions? (maximum limit is 10% of your proposed limit of indemnity and it will attract an additional premium)

a) Libel and slander Ksh_____

b) Dishonesty of employees Ksh_____

c) Loss of documents Ksh_____

10. General Insurance History

a) Are you currently insured in respect to the above risks? ☐ Yes ☐ No

If yes state: Insurance Company_____ Expiry Date_____

b) Has any insurer

i) Declined to insure you? ☐ Yes ☐ No

ii) Required special terms to ☐ Yes ☐ No

iii) Cancelled or refused to renew your insurance ☐ Yes ☐ No

iv) Or increased your premium on renewal? ☐ Yes ☐ No

11. 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