GEMINIA INSURANCE COMPANY LIMITED
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ENHANCED PERSONAL ACCIDENT (GEMINIA STAFF) 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

Name(s) _____

Postal Address: P.O. Box _____ Code _____ Town _____

Telephone Number(s) _____ Mobile No. _____ Fax No. _____

Email address _____ Pin No. _____

Contact Person(s) _____

Date of Registration (for Companies) _____ Registration No. _____

Profession / Occupation _____

Date of Birth _____ (**Note that the maximum age covered is 60 years)**

Period of insurance: From: _____ To: _____

Name of intermediary, if any _____

Part 2: Occupation And Personal Details

1) Are you ☐ Employed ☐ Self-Employed

2) What duties do you perform? (Tick all appropriate)

☐ Office duties ☐ Office duties with site visits

☐ Manual worker ☐ Commercial traveller (sales/driver)

3) a) Do you suffer from any sight, hearing or any other impairment? Yes ☐ No ☐

If yes, please specify _____

b) Have you suffered from any serious injury or illness Yes ☐ No ☐

If yes, please give details _____

c) Are you at present in sound health and free of any physical disability? Yes ☐ No ☐

If no, please give details _____

d) Do you engage in hazardous sporting activities or past times? Yes ☐ No ☐

If yes, please give details _____

N.B, Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged:- aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football hang gliding, wild hunting, ice hockey, motor racing, motorcycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including jud karate and any other unarmed combat yatching outside territorial waters and other hazardous occupations/activities.

e) Are there any circumstances relating with your occupation, health conditions, habits, past times and pursuits which would increase the risk of accident or bodily injury to yourself? Yes ☐ No ☐

f) If yes, please give details _____

Do you in the course of your duties travel by air, car or motorcycle Yes ☐ No ☐

If yes, please explain _____

4) Named Beneficiaries

Name _____ Age _____ Relationship to Insured _____ Mobile No. _____

Name _____ Age _____ Relationship to Insured _____ Mobile No. _____

Part 3: Schedule For Personal Accident Plus Policy

	Name of person covered	Date of Birth	Occupation	Relationship with the insured	Package Chosen
1.					
2.					
3					
4					
5					

Part 4: General Insurance History

5) Do you wish to cover terrorism and political risk? Yes ☐ No ☐
(Kindly note that an additional premium of 20% will be charged.)

6) Do you have a Medical or have previous Medical Insurance cover? Yes ☐ No ☐
if yes, please give name of insurers and policy no. _____

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 insure you? Yes ☐ No ☐

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

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

Part 5 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 misrepresented. I/we agree that the proposal together with any other information supplied shall form the basis of any contract.

Name of person completing the proposal form_____

Designation_____ Date_____

Signature_____ Official Company rubber stamp_____

NOTE:

1. The Insurer 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 insurers reserve the right to modify the terms of the policy.

Option 1 – Platinum Personal Accident Cover

Personal Accident Insurance Rating Card - **PLATINUM**								
Standard Benefits								
Option	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
Death	250,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	15,000,000
Life Rider (Non-Accidental Death Cover)	250,000	500,000	1,000,000	2,000,000	3,000,000	3,000,000	3,000,000	10,000,000
Critical Illness	75,000	150,000	300,000	600,000	900,000	1,000,000	1,000,000	3,000,000
Permanent Total Disability (PTD)	250,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	15,000,000
Temporary Total Disability (TTD) - Weekly	2,000	5,000	7,500	10,000	12,500	15,000	20,000	50,000
Accidental Medical Expenses	30,000	50,000	100,000	200,000	300,000	500,000	1,000,000	1,500,000
Accidental Dental Expenses	5,000	5,000	7,500	10,000	10,000	10,000	10,000	20,000
Accidental Optical Expenses	5,000	5,000	7,500	10,000	10,000	10,000	10,000	20,000
Post Accidental Reconstructive Surgery	-	-	-	100,000	100,000	100,000	100,000	150,000
Artificial Appliances	15,000	20,000	30,000	40,000	50,000	75,000	100,000	150,000
Local Evacuation	15,000	20,000	30,000	40,000	50,000	75,000	100,000	150,000
Last Expense	25,000	50,000	75,000	100,000	150,000	200,000	250,000	300,000
Post Trauma Counselling	10,000	10,000	10,000	10,000	10,000	10,000	10,000	20,000
Annual Premium (Without Terrorism)	1,758	3,435	6,612	13,003	19,181	22,533	29,728	70,064
Annual Premium (Including Terrorism)	1,873	3,657	7,012	13,767	20,267	24,219	32,853	74,927

Option 2 – Gold Personal Accident Cover

Personal Accident Insurance Rating Card - **GOLD**							
Standard Benefits							
Option	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Death	250,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000
Critical Illness	75,000	150,000	300,000	600,000	900,000	1,000,000	1,000,000
Permanent Total Disability (PTD)	250,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000
Temporary Total Disability (TTD) - Weekly	2,000	5,000	7,500	10,000	12,500	15,000	20,000
Accidental Medical Expenses	30,000	50,000	100,000	200,000	300,000	500,000	1,000,000
Accidental Dental Expenses	5,000	5,000	7,500	10,000	10,000	10,000	10,000
Accidental Optical Expenses	5,000	5,000	7,500	10,000	10,000	10,000	10,000
Post Accidental Reconstructive	-	-	-	100,000	100,000	100,000	100,000
Artificial Appliances	15,000	20,000	30,000	40,000	50,000	75,000	100,000
Local Evacuation	15,000	20,000	30,000	40,000	50,000	75,000	100,000
Last Expense	25,000	50,000	75,000	100,000	150,000	200,000	250,000
Annual Premium (Without Terrorism)	1,050	2,049	3,782	7,222	10,449	14,869	24,700
Annual Premium (Including Terrorism)	1,199	2,345	4,319	8,237	11,898	17,132	28,929

Option 3 – Silver Children's PA

Personal Accident Insurance Rating Card - **SILVER**					
Standard Benefits					
Option	Option 1	Option 2	Option 3	Option 4	Option 5
Death	100,000	250,000	500,000	500,000	3,000,000
Critical Illness	30,000	75,000	150,000	150,000	900,000
Permanent Total Disability (PTD)	100,000	250,000	500,000	500,000	3,000,000
Tuition Fee Reimbursement (Weekly)	2,500	3,500	5,000	7,500	12,500
Accidental Medical Expenses	50,000	75,000	100,000	150,000	300,000
Accidental Dental Expenses	5,000	5,000	7,500	10,000	10,000
Accidental Optical Expenses	5,000	5,000	7,500	10,000	10,000
Artificial Appliances	15,000	20,000	30,000	40,000	100,000
Local Evacuation	15,000	20,000	30,000	40,000	50,000
Last Expense	25,000	50,000	75,000	100,000	50,000
Post Trauma Counselling	10,000	10,000	10,000	10,000	150,000
Annual Premium (Without Terrorism)	582	1,042	1,753	2,054	2,370
Annual Premium (Including Terrorism)	670	1,190	1,990	2,351	2,731

Option 4 – Bronze Children Below 5 Years PA

Personal Accident Insurance Rating Card - **BRONZE**					
Standard Benefits					
Option	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**
Death	100,000	250,000	500,000	500,000	500,000
Critical Illness	100,000	250,000	500,000	500,000	500,000
Permanent Total Disability (PTD)	50,000	75,000	100,000	150,000	200,000
Tuition Fee Reimbursement (Weekly)	5,000	5,000	7,500	10,000	10,000
Accidental Medical Expenses	5,000	5,000	7,500	10,000	10,000
Accidental Dental Expenses	15,000	20,000	30,000	40,000	50,000
Accidental Optical Expenses	15,000	20,000	30,000	40,000	50,000
Artificial Appliances	25,000	50,000	75,000	100,000	150,000
Annual Premium (Without Terrorism)	582	620	1,007	1,200	1,404
Annual Premium (Including Terrorism)	670	736	1,200	1,432	1,677

Option 5 – Family Option

Personal Accident Insurance Rating Card - **PLATINUM**						
Standard Benefits						
Option	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**	**Option 6**
Death	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	15,000,000
Life Rider (Non-Accidental Death Cover)	1,000,000	2,000,000	3,000,000	3,000,000	3,000,000	10,000,000
Critical Illness	300,000	600,000	900,000	1,000,000	1,000,000	3,000,000
Permanent Total Disability (PTD)	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	15,000,000
Temporary Total Disability (TTD) - Weekly	7,500	10,000	12,500	15,000	20,000	50,000
Accidental Medical Expenses	100,000	200,000	300,000	500,000	1,000,000	1,500,000
Accidental Dental Expenses	7,500	10,000	10,000	10,000	10,000	20,000
Accidental Optical Expenses	7,500	10,000	10,000	10,000	10,000	20,000
Post Accidental Reconstructive Surgery	-	100,000	100,000	100,000	100,000	150,000
Artificial Appliances	30,000	40,000	50,000	75,000	100,000	150,000
Local Evacuation	30,000	40,000	50,000	75,000	100,000	150,000
Last Expense	75,000	100,000	150,000	200,000	250,000	300,000
Post Trauma Counselling	10,000	10,000	10,000	10,000	10,000	20,000
Annual Premium (Without Terrorism)	6,612	13,003	19,181	22,533	29,728	70,064
Annual Premium (Including Terrorism)	7,012	13,767	20,267	24,219	32,853	74,927

ANNUAL PREMIUM (WITHOUT TERRORISM)						
Family Cover	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**	**Option 6**
Insured	6,612	13,003	19,181	22,533	29,728	70,064
Spouse	5,258	10,370	15,313	17,995	23,750	56,019
Child 1	4,600	9,074	13,399	15,745	20,782	49,017
Child 2	3,943	7,778	11,484	13,496	17,813	42,014
Child 3	3,286	6,482	9,570	11,247	14,844	35,012
Any additional child	3,286	6,482	9,570	11,247	14,844	35,012

ANNUAL PREMIUM (WITH TERRORISM)						
Family Cover	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**	**Option 6**
Insured	7,012	13,767	20,267	24,219	32,853	74,927
Spouse	5,578	10,982	16,181	19,343	26,250	59,910
Child 1	4,881	9,609	14,159	16,926	22,969	52,421
Child 2	4,183	8,236	12,136	14,508	19,688	44,932
Child 3	3,486	6,864	10,113	12,090	16,406	37,444
Any additional child	3,486	6,864	10,113	12,090	16,406	37,444