GEMINIA INSURANCE COMPANY LIMITED
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GEMINIA INSURANCE CO.LTD.

TERRORISM & POLITICAL RISK 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: PARTICULARS OF PROPOSER

1. Name of Proposer_____

2. Postal Address P.O. Box_____ Code _____ Town _____

3. Email address_____

4. Location of the premises_____

5. KRA Pin_____ Certificate of incorporation No._____

6. Contact person's mobile number_____

7. How long have you conducted the business in terms of years?_____

8. Period of Insurance From_____ To_____

9. Does any other person or mortgage firm or bank have interest in the property? Yes ☐ No ☐

If yes, please provide the name_____

10. Name of intermediary if any?_____

11. Complete below the values by location. If more than 4 locations please provide XLS format.

Location	Occupancy of premises i.e offices	Values Property Damage Kshs	Business Interruption Kshs

Indemnity period_____ months

Yes ☐ No ☐

12. Security: (a) Security Details Y/N

Electrical Fencing	CCTV	Perimeter Fence	Access Control	Parking Area

13. Ownership details location details Y/N (within 100 meters)

Military Premises	Government Premises	Airport	Embassy	Parking Area	Religious Institution	Stadium

14. If manufacturing, details of operation_____

_____

15. Details of neigbouring premises (including height and occupancy)

i) North_____

ii) South_____

iii) East_____

iv) West_____

16. Brief physical description of premises including:

i) Numbers of floors / basements_____

ii) Type of construction_____

iii) Details of any car park facilities_____

iv) Details of any public access_____

17. Details of security guards:

Whether Own / Private Company / Military Police_____

Number by day / at night / at weekends_____

18. Does the premises have full perimeter fence / wall Yes ☐ No ☐

If yes, please advice Height:_____

Type:_____

Number of gates / entrance / access points:_____

How access is controlled:_____

19. Have there been any losses or threats within the last 3 years Yes ☐ No ☐

What steps have been taken to deal with them and to prevent recurrence?_____

Part 2 GENERAL INSURANCE HISTORY

a) Does the sums proposed for insurance represent the full value of the property? Yes ☐ No ☐

b) Are you currently insured with respect to the above risks? Yes ☐ No ☐

If yes, state: Name of Insurance Company_____ Expiry date of the policy_____

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 3 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.