GEMINIA INSURANCE COMPANY LIMITED
Head office: Le'Mac, 5th Floor
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TRAVEL INSURANCE 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.

1. Name of Person to be insured (in full): Mr./Mrs./Miss:

Name:_____

Mobile No:_____ Date of Birth:_____

Passport No:_____ Postal Address:_____

Citizenship:_____ Postal Code:_____

Town:_____ Country:_____

Name of Travelling Dependants - Please attach a separate sheet in case the dependants are more than 4

Number	Name of Dependants	Passport Number	Date of Birth	Relationship with the Insured

Occupation_____

2. Contact Details

Permanent address_____ Telephone number_____

3. Details of Journey:

Destination (Country of visit):_____ Travel Airline Company:_____

4. Purpose of Journey (Please tick as appropriate):

Holiday/Leisure ☐ Conference/Seminar ☐ Exhibitions/Trade Fair ☐

Study ☐ Training ☐ Business ☐

Others (Please advise) _____

5. Departure date:_____ **Return date:**_____

6. Contact person in case of an emergency (including their address and telephone number):

a) Local Name:_____ Contact Number: _____

b) Country of Visit Name:_____ Contact Number:_____

7. a) Details of any condition for which you and/or any of your travelling dependants have previously taken medication, had treatment or sought medical advice for in the last two years:_____

_____

b) Information of your and all travelling dependants regular Doctor. If you do not have a regular doctor please provide the contact details of the last doctor you saw:.

Name_____ Address_____

Telephone Number_____

c) At present, do you or any of your travelling dependants have any pre-existing medical condition(s)? ☐ Yes ☐ No

i) If Yes please provide the details _____

ii) How do you manage the medical condition?_____

8. Have you or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline or impose special conditions in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years? Yes ☐ No ☐

If yes please provide details_____

9. MEDICAL HISTORY: Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them. This applies even if medical advice has not been sought.

10. DECLARATION: I hereby declare that the above answers are true and complete and that I have withheld no information. I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between all insured persons and Geminia Insurance Company Ltd. If the answers now given by me cease to be true and/or complete, prior to departure I undertake to give immediate written notification to the Company

Signature of Main Applicant:_____ Date:_____

Liability of Geminia Insurance Company Ltd does not commence until the proposal is accepted, premium received and policy issued. Please ensure you read the policy carefully for a detailed description of cover, limits and terms and conditions.

Note:

1. Instructions to cancel policy must be received before start date of cover; otherwise no refund premium will be allowed

2. Premiums can be paid through Geminia Insurance Company Mpesa Paybill Number 553201 using your name as account number