GEMINIA INSURANCE COMPANY LIMITED
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TRUSTEES 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

Name of pension/ Provident fund_____

Telephone Number_____ Email Address _____

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

Type of Fund: ☐ Defined benefit ☐ Defined contribution

Postal Address_____ Code_____ Town_____

Name of employee benefits consultant /broker:_____

Name of Fund Administrator/Insurer_____

The current market value of the fund asset: Ksh_____ Current annual contribution to the fund: Ksh_____

Does the Administrator or any other service provider limit under contract? Yes ☐ No ☐

If "yes", please give details _____

Period of Insurance: From:_____ To:_____

Intermediary_____

Part 2 Previous losses

1. During the last five years has the fund suffered any loss caused by dishonesty or negligence? ☐ Yes ☐ No

If "yes" give details_____

Part 3 Officers of the fund

1. Details of Trustees:

Name	Responsibility	Occupation	Age	Date of Appointment

2. Details of the Principal Officer

Name _____ Employed by _____

Qualification _____

3. Details of training (if any) provided for Trustees: _____

4. Has a Trustee ever been dismissed or asked to resign ? ☐ Yes ☐ No

If yes, please give details _____

Part 4 Account System

1. Do any of the Trustees have direct access via computer systems to information regarding salary deductions and employer's contribution? ☐ Yes ☐ No

2. Are Trustees able to input data into computer systems? ☐ Yes ☐ No

3. Do the Trustees receive regular report of salary deduction and contribtions by the Employer and monies transferred to the Fund Managers? ☐ Yes ☐ No

If yes, at what intervals? _____

4. How often do Trustees receive reports from the Fund Managers on investment performance and accumulated reserves and liabilities _____

Part 5 Audits

1. How often do internal auditors report to Trustees regarding salary deduction and employer contributions?

_____

2. Name of the external auditor: _____ Date appointed _____

3. When was the last external audit carried out? _____

4. Were there any recommendations made by the auditor? ☐ Yes ☐ No

If yes, please give details _____

5. Who is the actuary to the fund? _____ Date appointed _____

6. How often are actuarial reports submitted? _____

Part 6 Cover Required

1. Limit of liability for any occurrence and in the annual aggregate Ksh _____

Part 7 Management/Investment

1. Have the Trustees prepared a statement of investment principles for the trust? ☐ Yes ☐ No

2. Have the Trustees appointed an independent investment manager /advisor? ☐ Yes ☐ No

If yes, please provide the following information;

a) is there a written investment agreement with the investment manager/advisor? ☐ Yes ☐ No

b) is the performance of the investment manager/ advisor reviewed atleast bi-annually? ☐ Yes ☐ No

Part 8 Within the scope of this proposed insurance

1. Has any claim been made or is now pending against any person proposed for insurance in the capacity of Trustee or officer of the firm? ☐ Yes ☐ No

   If yes, please give details _____

2. Has any officer or trustee of the firm any knowledge or information of any negligent act, error or omission which might give rise to a claim against them? ☐ Yes ☐ No

   If yes, please give details _____

Note
It is agreed, if such knowledge or information exists, any claim or action subsequently arising therefrom shall be excluded from the proposed insurance.

3. Has the firm, its Trustees and its officers ever been involved in or have any knowledge of any pending litigation? ☐ Yes ☐ No

   If yes, please give details _____

4. State the name and address of the bankers wherein the firm maintains its principal bank account.

   _____

5. Is it proposed to implement within the period of the proposed insurance:

   a) An expansion program? ☐ Yes ☐ No

   b) A takeover of another firm? ☐ Yes ☐ No

   c) An amalgamation or financial association with another firm or firms in addition to normal trading expansion of the Firm as now constituted? ☐ Yes ☐ No

If yes, notice must be given to Underwriters within thirty (30) days after approval by the Trustees and an additional premium shall be required.

6. Is this new cover additional to an existing "Errors and Omissions" policy or "Professional Indemnity" policy or some other such policy? ☐ Yes ☐ No

   If this is the case, the new policy would have to be adapted so that it would be complementary to it. If there is an existing policy, please give details

   _____

7. Please supply details of any other relevant information such as your system for checking and your controls and safeguards.

   _____

   _____

   _____

8. If Trustee Liability Insurance has been carried during the past 3 years, please state;

   i) The name of the Insurers _____

   ii) The period of the policy _____

   iii) The Indemnity _____

   iv) As far as you know, have the proposers ever refused this type of insurance or had a similar insurance canceled? ☐ Yes ☐ No

10. The undersigned chairman of the board or managing Trustee of the firm declares that to the best of his knowledge the statements set forth herein are true.
    It is agreed that his form shall be the basis of the Contract should a policy be issued.

SIGNED_____
(must be signed by the Chairman of the Board and Management Trustee)

USUAL STAMP OF THE FIRM_____

DATE_____

PLEASE NOTE

This Proposal must be accompanied by the latest annual report and statement of accounts of the Firm.