

Agency \_\_\_\_\_ C/Note \_\_\_\_\_ Policy No. \_\_\_\_\_  
 A/C No. \_\_\_\_\_ Client No \_\_\_\_\_

GEMINIA INSURANCE COMPANY LIMITED  
 P.O. BOX 61316 CITY SQUARE, NAIROBI KENYA 00200 KENYA  
 TELEPHOE: 2782000 FAX: 2782100 EMAIL: info@geminia.co.ke

**PASSENGERS VEHICLE PROPOSAL FORM**  
**(VEHICLES USED FOR HIRE OR REWARD)**

1. Full name of proposer(s) (In Capitals) \_\_\_\_\_
2. K.R.A'S Personal Identification Number (P.I.N.) \_\_\_\_\_  
 (Please attach copy of P.I.N. Certificate)
3. Postal Address \_\_\_\_\_ Code \_\_\_\_\_ Tel. No. \_\_\_\_\_
4. Profession or Occupation \_\_\_\_\_
5. What is your age? \_\_\_\_\_
6. Residential Address (in full) \_\_\_\_\_
7. Period of Insurance required for \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_

**Particulars of vehicle/s to be insured**

Registered Letters and Numbers	Make of Vehicle	C u b i c Capacity of Engine	Year of Manufacture	Maximum permitted number of passengers carried at any one time (excluding driver)	Date of Purchase	Price paid by Proposer (Kshs.)	Proposer's Estimate of: a) Present Value b) Accessories therein (Kshs.)

8. State type of cover required (Delete Insurance Not required)
- (a) Third Party Only                      (b) Third Party Fire and Theft
- (c) Comprehensive

9. (a) Are you a licenced? Tour Operator Yes \_\_\_\_\_ No \_\_\_\_\_  
 (b) Indicate the purpose for which each Vehicle is used: Omnibus, Public Hire Taxi, Matatus, Private Hire, Self Drive Hire.  
 (c) If any of the Vehicle(s) are used for Private Hire, then do you hire them to other operators for their own use? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so do you enter into a written contract with them? Yes \_\_\_\_\_ No \_\_\_\_\_ If answer is "Yes" please submit a copy of the contract

**NOTE: The policy to be based on this Proposal Form will not operate if some other Operator's employee is driving**

11. (a) Are any of the Vehicles licensed as Public Service Vehicles? If so state which \_\_\_\_\_  
 (b) What is the maximum legal passenger carrying capacity (excluding the driver)of each vehicle? \_\_\_\_\_

12. State total number of employees licensed to drive \_\_\_\_\_

13. To the best of your knowledge and belief have you, or has any other person who to your knowledge will drive suffer
- (a) i) defective vision or hearing? i) \_\_\_\_\_  
 ii) now, or within the last 5 years experienced diabetes, fits or any complaints of the heart? ii) \_\_\_\_\_  
 iii) any other physical or mental infirmity? iii) \_\_\_\_\_

**Note:- Please read this Form carefully and give a definite answer to each question. Ticks and Dashes cannot be accepted as answer.**

If so give details  
 b) been convicted of any offence in connection with the driving of any Motor Vehicle? If so give date and nature of penalty b) \_\_\_\_\_ Yes/No  
 c) only passed his driving test during the past 24 months? c) \_\_\_\_\_ Yes/No  
 d) has less than 36 months experience of driving omnibuses or heavy lorries? d) \_\_\_\_\_ Yes/No

14. (a) Will the Vehicle(s) be driven by any persons under 25 years of age? If so give name(s), length of driving, experience and details of all accidents or losses during the past 3 years \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: The Insurance may be inoperative or special restrictive terms applied for drivers under age 25 years**

15. Are you or have been insured in respect of any Motor Vehicle? If so, state Name and Branch Office of the Insurers and Policy No. (If known) \_\_\_\_\_

16. Has any Company underwriter ever:-  
 a) Declined your proposal? a) \_\_\_\_\_  
 b) Required an increased premium? b) \_\_\_\_\_  
 c) Required you to bear the first portion of any loss? c) \_\_\_\_\_  
 d) Refused to renew or cancelled your policy? d) \_\_\_\_\_

17. a) State the number of Motor Vehicle(s) (Including Motor Cycles) owned by you within each of the past three years	Year	20	20	20
	Vehicle Owned			

Give particulars in the following schedule of all accidents or losses, during the past 36 calendar months in connection with all Vehicles driven by you or used by you, including the Vehicle(s) which is/are the subject of this proposal. All accidents and losses must be included whether insured or uninsured and whether resulting in a claim or not.

Date	Cost (Paid or estimated)	Nature of Payment (e.g. Own Damage, Third Party etc.)	Brief Details of the Incident

18 Is each Vehicle  
 a) Your Property? \_\_\_\_\_  
 b) Registered in your name? \_\_\_\_\_

19. If a Hire Purchase Company is interested in the Vehicle(s) } \_\_\_\_\_  
 State name of such Company and indicate which Vehicle(s) } \_\_\_\_\_

I/We declare to the best of my/our knowledge and belief that:  
 a) the above answers are true  
 b) all material particulars affecting the assessment of the risk have been disclosed  
 c) the Vehicle(s) are in sound and roadworthy condition and is/are operating under the current Vehicle Inspection Report(s)

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.

I/We further agree that the Vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Insurance or continuance thereof.

Date \_\_\_\_\_ Signature of Proposer(s) \_\_\_\_\_  
 Name of Signatory in capital letters \_\_\_\_\_

If signing in an authorized capacity on behalf of the "The Proposer" state:-  
 i) whether as a Partner \_\_\_\_\_  
 ii) position in Company or Firm \_\_\_\_\_

Impress here with  
 Company's/Firm's  
 Rubber Stamp

Liability does not begin until this proposal has been accepted by the Company and the Premium paid, except as provided by any official cover note issued by the Company. Any untrue, incorrect or misleading answer to the above questions could make the Insurance invalid and inoperative in respect of claims arising

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