GEMINIA INSURANCE COMPANY LIMITED

Head office: Le'Mac, 5th Floor P.O. Box 61316-00200, Nairobi Tel: 2782000 Fax: 2782100 Email: info@geminia.co.ke

www.geminia.co.ke



ALL RISKSPROPOSAL 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			
Name of Proposer			
Postal Address P.O. Box	Code	Town	_
Email address			_
ID Card No PIN No	Date of Birth_		
KRA Pin	Certificate of	incorporation No	
Nature of Business			_
Contact person's mobile number			
How long have you conducted the business in terms	of years?		_
Period of Insurance From	To		
Name of intermediary if any?			_
Part 2: PARTICULARS OF INSURANCE			
1. Is the proposed cover for:	Business Insurance	Personal Items Insurance	
2. Do you require cover for:	☐ Kenya Only	Worldwide	
3. If cover is required for jewellery, has the jewellery	been valued recently?	Yes No No	
If yes, state the date of the last valuation(please of	attach a valuation report)		_
4. Do you wish to cover losses arising from power so If yes kindly note that an additional will be charge	•	Yes No No	

Part 3: Schedule of Property

Cover cannot be given on watches, photographic element, electronic equipment, office machines and equipment etc unless the maker's serial and model number is quoted on this form

NB. In the absence of specific sum insured, the company's liability on any single article shall not exceeds Ksh. 50,000/-

ltem No.	Full description of each article	Maker's No/Serial Number	Value(Kshs)

Item No.	Full description of each article	Maker's No/Se	erial Number	Value(Kshs)
			Total	
Main Exclusions Loss or damage arising	perty by fire, theft or any accident or misfortune. g out of wear, tear, deterioration, mechanical brea ation, theft from an unlocked vehicle, consequentic	_	-	ant, wilful acts,
Part 4. General Insure	ance History	·		
1. Are you currently ins	sured for domestic package, fire, theft, computer or	all risk policy?	Yes N	0
If yes, please give the	e name of insurer			
2. Have you ever suffe	red a loss in connection with all-risk insurance?		Yes N	lo
If yes, please give the	e details			

Part 5 Declaration

3. Has any insurer

i) Decline to insure you?

ii) Require special terms to insure you?

iii) Cancelled or refused to renew your insurance?

iv) Or increased your premium on renewal?

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

Yes No

Yes No

Yes No

Yes No

information supplied shall form the basis of any contract of insurance effected thereon.

Name of person Completing the Proposal form_	

Designation______Date_____

NOTE

Signature_

- 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 insurer reserve the right to modify the terms of the policy.