

GEMINIA INSURANCE COMPANY LIMITED

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ASSET ALL RISKS 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. Proposer's Details

1. Name of Proposer _____
2. KRA Pin No: _____ (Please attach a copy of certificate)
3. Postal Address Postal Code Town _____
4. Office Tel Mobile Number _____
5. Email Address _____
6. Location of Business: Name of the building _____ Plot No _____ Road _____
. Street _____ Region _____ Town _____
7. Nature of Business/Occupation _____
8. Name of Contact Person _____ Position _____ Mobile Number _____
9. Name of intermediary _____
- 10 Does any other person or mortgage firm or bank have an interest in the property? Yes No
If yes, please provide the name _____

2. Details of Insurance

1. Are you currently insured or have you ever proposed for insurance in respect of any of the risks proposed? Yes No
If you have answered 'Yes' give full details _____
Insurer _____ Policy Number _____
2. Have you ever sustained a loss of any of the contingencies for which you require insurance? Yes No
If you have answered 'Yes' give full details _____
3. Have you ever sustained loss by any of the contingencies for which you require insurance? Yes No
If you have answered 'Yes' give full details _____
4. a) Do you maintain a proper set of Account Books? Yes No
b) How often are your books of Accounts audited? _____
c) Where are they kept out of business hours? _____
d) What is the name of your certified auditors? _____

5. Are there any other circumstances or information you should tell us about which may affect our decision to accept this insurance or its terms? Yes No

If you have answered 'Yes' give full details _____

6. The following are Sections are available. Please indicate which covers you require;

- SECTION A: Fire & Perils Yes No
- SECTION B: Consiquental loss Yes No
- SECTION C: Terrorism and Political Risk Yes No
- SECTION D: Burglary Yes No
- SECTION E: All Risk Yes No
- SECTION F: Money Yes No
- SECTION G: Pedal Cycle Yes No
- SECTION H: Plate glass Yes No

Section A Fire and Perils (This section is compulsory)

1. Construction of building _____

a) External walls (built of) _____ b) Roof _____

c) Floors _____ d) No. of Storeys _____

e) Has the property ever been surveyed? Yes No

If so, name provide the; Name of the surveyor _____ Date of the survey _____

f) Occupied as _____

2. Are you the only occupier? Yes No

If you have answered 'No' describe the other occupiers _____

3. Are there any ceilings or partition of Calico, Canvas or Rush? Yes No

4. Are there other buildings communicating with the premises proposed to be insured? Yes No

5. Are hazardous goods kept in the building? Yes No

If the answer is yes, please give full details and quantity _____

N.B. Separate buildings must have a separate sum insured and if stock or contents are kept in two or more distinct buildings the sum insured in each building must be specified.

Item No	Description of Property	Sum Insured

Cover Extensions
The undernoted extensions can be incorporated to the policy and appropriate premiums to be charged

No	Description	Sum Insured (Ksh)
A	Removal of debris	
B	Earthquake	
C	Electrical clause III (indicate value of electrical items)	

Premium Rate	Premium (Kshs)	Excess

Section B: Consequential Loss in Respect to Material Damage Section

1. On gross profit_____
2. On wages and salaries_____
3. Auditor fees_____
4. Increase cost of working_____
5. Indemnity period (Number of Months)_____

Premium Rate	Premium (Kshs)	Excess

Section C: Terrorism and Political Risk

1. Security Details Y/N

Electrical Fencing	CCTV	Perimeter Fence	Access Control	Parking Area

2. Ownership details, location details Y/N (Within 100 meters)

Military Premises	Government Premises	Airport	Embassy	Parking Area	Religious Institution	Stadium

3. If manufacturing, details of the operation_____

4. Details of neighboring premises (including height and occupancy)

- i) North_____
- ii) South_____
- iii) East_____
- iv) West_____

5. Briefly physical description of the premise including:

Number of floors/Basements_____

Type of construction_____

Details of any car park facilities_____

Details of any public access_____

6. Details of Security Guards:

Weather Own

Private Company

Military Police

Number by day

at night

at weekends

7. Does the premises have a full perimeter fence/wall

Yes No

If yes, please state the Height:_____

Type:_____

Number of gates / entrance / access points_____

How is access controlled?_____

8. Have there been any losses or threats within the last 3 years?

Yes No

9. What steps have been taken to deal with them and to prevent recurrence_____

Item No	Description of Property	Sum Insured

Premium Rate	Premium (Kshs)	Excess

Section D: Burglary

Item No	Description of Property	Sum Insured

Premium Rate	Premium (Kshs)	Excess

1. Intruder Alarm

Does the premises have an alarm system? Yes No

If "Yes", please give the following details: _____

a) Name of the alarm company _____

b) Date of installation _____

c) Maintained under contract with the installer Yes No

2. Other Security

Are your premises guarded when closed for business? Yes No

If "Yes" do you use your watchman or security Yes No

Name of the security company _____

3. Physical protection

a) Are all the doors, windows, skylights and other means of entrance protected? Yes No

If "Yes" please describe the protections _____

b) Are shutters or any other glass protection devices used?

If "Yes" please provide full details _____

Section E: All Risk

This section is for special items you wish to insure specifically office and/or industrial machinery, tools of trade and portable equipment and any other specified equipment as listed.

Please indicate the territorial limit required for this section. Kenya only East Africa Worldwide

Complete the schedule below providing a detailed description and full value of each item to be insured.

Item No	Full description	Make & Model	Year of Manufacture	Serial Number	Value - Kshs

Section F: Money

1. Definition of money

"Cash, Currency Coin, Bank and Currency Notes, Postal Order, Money Orders, Negotiable Cheques, Postage Stamps, Government Revenue Stamps, National Hospital Insurance Fund Stamps, and Local Authorities Service Charge"

Circumstances and situations	Sum Insured

2. Safe details

a) Do you have any safes? Yes No

If "Yes" please provide the following details:

Makes name and model no. _____ Makers serial no. _____

Date purchased _____ New or secondhand _____ Estimated Weight _____

Dimensions locked by _____ Cost Price _____ Present Value _____

Tick where applicable Marked Permanently Burglar proof Fire Resistant Permanently Installed
 Combination Key Both Combination and key

3. Money in transit

a) How often do you.

i) Withdraw cash from the bank? _____ times per day/week

ii) Deposit cash in the bank? _____ times per day/week

b) Names and addresses of the bank or post office and how far is the bank or post office from the premises

c) Mode of carry _____

d) Do you use your staff or security firm to carry your cash? _____

e) If your staff is used, what is the number of adult males accompanying the money during each journey? _____

f) What methods are used and security precautions in force? _____

g) If a security firm is used, give details of the methods of carrying and security arrangements _____

Premium Rate	Premium (Kshs)	Excess

Section G: Pedal Cycle

Please complete the schedule below providing full particulars of the pedal cycles to be insured.

Make	Type & Frame No.	Year of Make	Year Purchase	Price paid by proposer	Estimated present value including accessories

Total Sum Insured _____ Kshs _____

Premium Rate	Premium (Kshs)	Excess

Section H: Plate Glass

Please complete the schedule below providing full details of glass to be insured

No of plates	Length in inches	Width in inches	Description of glas	Sum Insured

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 insured reserve the right to modify the terms of the policy.