GEMINIA INSURANCE COMPANY LIMITED

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AVIATION HULL & LIABILITIES 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 | |
|---|--------------------------------------|
| a) Full name of the proposer: | |
| b) KRA Pin No <u>:</u> | (Please attach a copy of certificate |
| c) Postal Address: | |
| d) Email Address: | |
| e) Location of the premises: | |
| f) Contact person's mobile number: | |
| g) How long have you conducted the business in terms of years? | |
| h) Period of Insurance From: To: | |
| i) Does any other person or mortgage firm or bank have an interest in the property? | Yes No |
| If yes, please provide the name: | |
| j) Name of intermediary | |
| k) State the currency to be used in this Insurance. Kes 🗌 Usd 🗌 Euro | Other |
| Point 2 Detrile of the Aircraft(e) to be incurred | |

Part 2 Details of the Aircraft(s) to be insured

| Make and Model of Aircraft | Registration Number | seating capacity for | of Crew | Total Declared Value for the Purpose of Insurance | Year of Manufacture |
|-------------------------------|------------------------|----------------------|---------|---|------------------------|
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NB: 1. a) Please attach a copy of the Certificate of Airworthiness (both sides)

b) If the aircraft is to be covered for accidental damage, please attach a copy of the current valuation report.

2. Do you intend to have the aircraft registered in Kenya?

| Yes | No | |
|-----|----|--|
| res | | |

| If the answer to the above is Yes, have you commenced the | process of registration? Yes | |
|---|------------------------------|--|
|---|------------------------------|--|

If not, why?_____

3 a) Please specify below the purpose for which the aircraft will be used:

Purpose of use: Definitions a), b), c), and d) constitute Standard Uses and do not include the Carriage or Ferry of Khat (Miraa), , Instruction, Aerobatics, Hunting, Patrol, Fire-Fighting, the intentional dropping, spraying, or release of anything, any form of experimental or competitive flying and any use involving abnormal hazards.

No

| USE: | ANNUAL UTILISATION |
|---|--------------------|
| i) "PRIVATE PLEASURE" means the use of private and pleasure purposes but not used for any business or profession nor hire or reward. | |
| ii) "BUSINESS" means the uses stated in Private Pleasure and use for the purpose of the Insured's business or profession but NOT use for hire or reward. | |
| iii) "COMMERICAL" means the uses stated in Private Pleasure and Business and use for the carriage by Insured passengers, baggage accompanying passengers, and cargo for hire or reward. | |
| iv) "RENTAL" means rental, lease, charter, or hire by the Insured to any person, company, or organization for Private Pleasure and Business uses only, where the opera- tion or the Aircraft is not under the control of the Insured. Rental for any other purposes is NOT insured under this Policy unless specifically declared to Insurers. | |
| v) "INSTRUCTIONS" means private pleasure, business, commercial, rental, ab-initio or reinstatement instructions, conversion of type instruction, advanced instruction | |
| vi) Other uses not listed: (please specify) | |

b)) If the aircraft will be rented out, please give the names of the operators and their postal addresses below;

| Yes | No |
|-----|----|
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| | |
| Yes | No |
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b) Is the aircraft hanger tied down? (Tick appropriately)

7. Territorial limits for which insurance is required: i.e 🗌 Kenya 🗌 Africa 🗌 Worldwide or

Other territories_

8. Do you envisage contracts from any United Nations Agencies or other Charitable/Aid Agencies?

If so, please advise which countries you may operate to:

- i)______ ii)_____
- 9. Please enter the flying records of pilots by whom the aircraft will be flown:

| Name | Age | Licence/ratings | Total Flying Hours | Hours on Make and Model | Total Turbine Engine Hours | Total Multiengine Hours | Nature and cause of Accident (if any) during last three years |
|------|-----|-----------------|-----------------------|----------------------------|-------------------------------|-------------------------------|---|
| | | | | | | | |
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| | | | | | | | |

10. Please state the minimum license/experience levels for any unnamed pilots.

11. Please state details of all accidents and/or losses during the last five years:

| Year | Registration Mark | Damage | to Aircraft | Third Party & Passenger Liability | | Circumstances of Loss |
|------|-------------------|-------------------|----------------------|--------------------------------------|----------------------|-----------------------|
| rear | | No of Accident | Cost of Estimates | No of Accident | Cost of Estimates | |
| | | | | | | |
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12. Details of insurance required?

a) Accidental Damage (Tick appropriately)

i) Flight Risk

iii) Ground

ii) Taxing Risk

iv) Mooring Risk

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b) Third Party Legal Liability (Minimum Legal Requirement Ksh 60 million)

| i) Any one accident | | | | | | |
|---|-------|------|--|--|--|--|
| ii) Any one period | | | | | | |
| c) Passenger Legal Liability | | | | | | |
| i) Any one passenger | | | | | | |
| ii) Any one event | | | | | | |
| d) Combined Single Limit | | | | | | |
| Part 3 General Insurance History | | | | | | |
| 13. Do the sum proposed for insurance represent the full value of the property? | ? Yes | No 🗌 | | | | |
| 14. Are you currently insured concerning the above risks? | Yes | No 🗌 | | | | |
| If yes state: Insurance CompanyExpiry Date | | | | | | |
| 15.Has any insurer | | | | | | |
| i) Declined to insure you? | Yes | No | | | | |
| ii) Required special terms to insure you? | Yes | No | | | | |
| iii) Cancelled or refused to renew your insurance? | Yes | No | | | | |
| iv) Or increased your premium or renewal? Yes No | | | | | | |
| Part 4 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 insurer reserve the right to modify the terms of the policy.