

**GEMINIA INSURANCE COMPANY LIMITED**

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# BUSINESS COMBINED 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**

Name of Proposer \_\_\_\_\_

KRA Pin No: \_\_\_\_\_ (Please attach a copy of certificate)

Postal Address Postal Code Town \_\_\_\_\_

Office Tel Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Location of Business: Name of the building \_\_\_\_\_ Plot No \_\_\_\_\_ Road \_\_\_\_\_

. Street \_\_\_\_\_ Region \_\_\_\_\_ Town \_\_\_\_\_

Nature of Business/Occupation \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Mobile Number \_\_\_\_\_

Name of intermediary \_\_\_\_\_

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 I: Group Personal Accident Yes  No
- SECTION J: WIBA Yes  No
- SECTION K: Employers Liability Yes  No
- SECTION L: Public Liability Yes  No
- SECTION M: Goods in Transit Yes  No
- SECTION N: Fidelity Guarantee Yes  No

**Section A Fire and Perils (This section is compulsor)**

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

Premium Rate	Premium (Kshs)	Excess

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 glass	Sum Insured

**Section I: Group Personal Accident**

This section compensation is payable if any of the insured persons shall sustain bodily injury caused solely and directly by accident, violent, external, and visible means which injury shall solely and independently of any other cause result in death or disablement.

Please complete the schedule below with the benefits desired.

Benefit	Limit in Kshs
Death	
Permanent total disability	
Temporary total disability	
Medial Expenses	
Funeral Expenses	

Name/ number of employees	Description of occupation	Estimates annual salaries / wages and other earnings on which premium is based

Please attach a separate sheet for the employees stating the: name, job title/ occupation and the respective annual salaries.

Premium Rate	Premium (Kshs)	Excess

**Section J: Work Injury Benefits Policy**

Benefit

- Death - 8 years earning
- Permanent Temporary Disability: 8 years earnings
- Temporary Total Disability. Actual weekly earning Max 104 weeks
- Medical expenses Ksh 100,000
- Funeral expenses Ksh 30,000 per person

Please complete the following

Employees being workers are defined by section 5 of the Work Injury Benefits Act 2007

Name/ number of employees	Description of occupation	Estimates annual salaries / wages and other earnings on which premium is based	For Official Use Only		
			Rate	Premium	Classification

\*Please attach a separate sheet if the above field is not sufficient, in the same format.

Please note that it is a condition of this policy that the estimated annual wages/ salaries and other earnings are required to be certified annually by auditors within 3 months of the expiry date of the period of insurance in respect of all persons falling within the work injury benefits act 2007

**Section K: Employers Liability Common Law**

This section covers Legal Liability under common law directly related to negligence or breach of common law or statutory duty insured.

Limited of Liability: Select any one of the following options

	A	B	C	D
Any one person	2,000,000	4,000,000	6,000,000	8,000,000
Any one accident	10,000,000	15,000,000	20,000,000	25,000,000
Any one year	20,000,000	30,000,000	40,000,000	50,000,000
Percentage of WIBA premium	25%	30%	35%	40%
Option selected (Tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section L: Public Liability**

1. Please state the indemnity limit required Kshs \_\_\_\_\_ (minimum kshs 1,000,000/-)

2. Premise Details

a) Do you own or rent premises? Yes  No

b) Business carried on by others? Yes  No

c) No passenger lifts? \_\_\_\_\_



d) No passenger escalators? \_\_\_\_\_

e) No other lifts, cranes, hoists, and lifting apparatus? \_\_\_\_\_

f) No boilers or other steam pressure vessels that you own or are responsible for? \_\_\_\_\_

3. Work away from own business

Do you undertake work away from the premise (other than collection or delivery of good or commerical work such as sales)

If "Yes" please provide the following details

a) Nature of work away

b) Do you use welding equipment, blow lams, blow torches or other similar equipment away from own premises Yes  No

If "Yes", please provide details ( type, frequency of use, etc) \_\_\_\_\_

Premium Rate	Premium (Kshs)	Excess

**Section M: Goods in Transit**

1. For how long has the business been in operation? \_\_\_\_\_

2. Description of goods carried? \_\_\_\_\_

3. Made of conveyance  Road  Rail  Post  Other

If other, please specify \_\_\_\_\_

4. Where are goods conveyed?  Kenya  East African  Anywhere else

5. Is there permanent garaging at the premise above? Yes  No

If No, please state the location of the garaging facilities \_\_\_\_\_

6. Are vehicles left loaded and unattended at night? Yes  No

If so, please describe the security measures at garaging premises \_\_\_\_\_

7. Do you maintain a proper set of books and goods records? Yes  No

Schedule of vehicles & trailers covered & limits of liability

Make & Description	Registration Number	Carrying Capacity	Sums insured - Kshs

8. State your Estimated Annual Carry\_\_\_\_\_

9. Limits of liability\_\_\_\_\_

In respect to any consignment Kshs\_\_\_\_\_

In respect of any one period of insurance Kshs\_\_\_\_\_

10. Extensions

Would you like to extend the cover to include:

a) Strike, Riot and Civil Commotion   
 Suitable additional premiums shall be charged

b) Terrorism & Political Risks

Premium Rate	Premium (Kshs)	Excess

**Section N: Fidelity Guarantee**

1. For how long has the business been in operation? \_\_\_\_\_

2. How many employees do you currently engage? \_\_\_\_\_

3. Do you have a system for vetting prospective employees for trustworthiness before employment? Yes  No

4. For new employees, do you always obtain written references from previous employers? Yes  No

5. Are independent systems in place to check that all transactions done by employees are accounted for? Yes  No

6. How often will the books of accounts be audited? \_\_\_\_\_

7. Do you have an internal audit function? Yes  No

If yes, how often is the internal audit carried out? \_\_\_\_\_

Premium Rate	Premium (Kshs)	Excess

**Scheduled: Details of employees to be guaranteed ( In case of un-named policy, please provide employee's numbers)**

Names	Position/Designation	Number	Amount Guaranteed Ksh. Any one event per Employee Kshs	Amount Guaranteed Kshs Any one year Kshs

### 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.