

GEMINIA INSURANCE COMPANY LIMITED

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CARRIERS LIABILITY PROPOSAL FORM

DIRECTIONS:

Please read carefully and fill out the entire form.

All questions must be answered in full, in BLOCK letters, in the applicant's own handwriting or to his dictation.

Proof of age of the proposed life to be insured is required by submitting a copy of the National Identity Card, Passport or Birth Certificate together with this application

A. Proposers details

Full name of the proposer: _____ KRA Pin No: _____

Postal Address: _____ Email Address: _____

Location of the premises: _____ Contact person's mobile number: _____

How long have you conducted the business in terms of years? _____

(Ensure the Certificate of Incorporation and KRA Pin Certificate copies are attached)

B. Details of Insurance

1. What is the Mode of Conveyance(Kindly Tick the Mode)

- a. By Road
- b. By Rail
- c. By Inland Water
- d. By Inter County Air
- e. By Parcel Post
- f. By any other Means

Please attach a copy of Carriage Contract if available

2. State the geographical limit of transit destination(Kindly Tick the Option)

- a. Kenya
- b. East Africa
- c. Comesa Region
- d. Any other specify

Kindly note that the insurance company must be notified in case of any transit beyond the geographical limit indicated above

3. Sum Insured

a. Maximum limit any one consignment Kshs _____

b. Estimated Annual Carry Kshs _____

C. Particular of the Vehicles

- i. Will all the vehicles used for transit belong to you? Yes No
- ii. Are the vehicles in a good state and road worthy condition? Yes No
- iii. Where are the vehicles parked when not in transit
 - a. At night _____
 - b. At Daytime _____
- iv. Will any of the vehicles be left loaded and un-attended at anytime of the transit? Yes No

Note that this policy will not be liable in case of any loss from un-attended vehicle

- v. What arrangements will you make for the garaging of the vehicles and safe custody at night?

 - vi. Are the vehicles fitted with any tracking devices? Yes No
- If yes please provide specifications below

Details of Vehicles for Transit of Goods(Provide a separate sheet if necessary)

Reg Number	Make	Year of Make	Tonnage	Carrying Capacity (Litres – Tankers)

D . Drivers Details

- i) Are the drivers Driving licences validated prior to employment or periodically? Yes No
- ii) Are the drivers regularly subjected to any medical or eyesight testing? Yes No
- iii) Have any of the drivers ever been convicted of any driving offence in a court of law? Yes No

E. Details of Products in Transit

- i. Description of goods or products to be transported

- ii. State how the goods will be packed whilst in transit

- iii. Who owns the goods being transported

- iv. Will you carry any of the following products (Yes or No)
 - a. Wine and/or Spirits Yes No
 - b. Tobacco Yes No
 - c. Coffee Yes No
 - d. Oil products Yes No
 - e. Gold or Ornaments of special value Yes No
 - f. Aviation Fuel Yes No

v. Are there any shields or any form of protection fitted on oil tankers to prevent tank caps from being ripped off in the event of overturning

Yes No

Explain further on the protection _____

F. GENERAL INSURANCE HISTORY

a) Are you currently insured in respect to the above risks?

Yes No

If yes state: Insurance Company _____ Expiry Date _____

b) 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 on renewal?

Yes No

c) Have you ever sustained loss or damage to goods in transit?

Yes No

If yes give details _____

d) Do you maintain a proper record of goods in transit?

Yes No

G. DECLARATION

I/We do hereby declare that the above answers and statements are true and that I/We withheld no information regarding his proposal.

Name of person Completing the Proposal form _____

Designation _____ Date _____

Signature _____ Official Company Rubber stamp _____