

GEMINIA INSURANCE COMPANY LIMITED

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CROP INSURANCE 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 A Proposer's Details

Full name of the proposer: _____

KRA Pin No: _____ (Please attach a copy of the certificate)

Postal Address: _____

Email Address: _____

Location of the farm: County _____ Sub-County _____ Location _____

Farm Manager, if any: Name _____ Mobile Number: _____

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

Period of Insurance From: _____ To: _____

Does any other person or financial institution have an interest in the property? Yes No

If yes, please provide the name: _____

Name of Intermediary _____

Part B Details of Crop to be Insured

1. GPS Location of the farm: Latitude _____ Longitude _____

2. Length of the crop cycle (Germination to Harvesting) _____ Days.

3. Please give details in the table below for the crop you propose to insure.

Current year under consideration			
Crop Name	Production Cost per acre (Ksh)	Total Acentage (Acres)	Total Cost of input

4. Nominated market value: Kshs _____ Per _____ (Kgs/Bag/Metric Tonne)

5. Please provide your Actual Production History for the proposed crop in the table below.

Actual Production History (the last five years)		
Year	Acreage Planted (Acres)	Total Yield in Units

*Details may be subjected to verification

6. Have you ever suffered any loss/damage on this crop during the last 5 years? Yes No

If so, give details _____

7. Which of the following risk from your experience is likely to affect your crop production?

Peril	Tick appropriately	
Drought	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uncontrollable pests and diseases.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hailstone damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flooding of the crop field	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire and Lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Malicious damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Has any of your proposals for Crop Insurance been declined before or any special conditions imposed on the proposal? Yes No

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 Gemina 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.