

**GEMINIA INSURANCE COMPANY LIMITED**

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# DOGS & PET 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**

Full name of the proposer: \_\_\_\_\_

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

Postal Address: \_\_\_\_\_

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

Contact person's mobile number: \_\_\_\_\_

Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_

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

**Part 2. The physical address of the dwelling place where the dog/pet would be kept including the County, Ward, Plot Number, House Number and Street Name:**

\_\_\_\_\_

\_\_\_\_\_

**Part 3. Full description of the animal**

| SR No. | Type of Animal | Male/Female | Purpose (Security/pet) | Tag/Membership No. | Value (Kshs) |
|--------|----------------|-------------|------------------------|--------------------|--------------|
|        |                |             |                        |                    |              |
|        |                |             |                        |                    |              |
|        |                |             |                        |                    |              |
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|        |                |             |                        |                    |              |
|        |                |             |                        |                    |              |
|        |                |             |                        |                    |              |

\*Attach a Serialized side profile photo of the whole animal standing

NB: If space in the table above is not enough, attach a schedule of animals giving the details requested.

**Part 4. Extension**

a) Do you wish to extend insurance coverage to include:

- Theft Yes  No
- Transit risk Yes  No
- Straying Yes  No
- Accidental Injury Veterinary Services Benefit Yes  No

b) Overall Annual Maximum Benefit Kshs. 50,000  Ksh. 75,000  Ksh. 100,000

Select one limit (Incl VAT)

Consultation/Examination for accidental injuries by a qualified veterinary doctor

\*Once the medical limit is exhausted all the veterinary services benefits also ends

**Part 5. Details of the veterinary doctor**

a) Name: \_\_\_\_\_

b) Mobile Number: \_\_\_\_\_

c) P.O. Box: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

d) Email Address: \_\_\_\_\_

e) KVB Registration No: \_\_\_\_\_

**Part 6. Animal husbandry**

a) Are you a member of the East Africa Kennel club or KSPCA? Yes  No

If Yes, write the membership number: \_\_\_\_\_

b) Are you licensed by the local authority to keep the proposed dog/pet? Yes  No

If Yes, attach the license

c) Have you shown your dog at a KSPCA/EAKC competition? Yes  No

If Yes, has it won any titles? \_\_\_\_\_

d) Has your dog been hip scored? Yes  No

e) Give full particulars of defects of ailments or disease during the last twelve months that has affected your proposed animals? \_\_\_\_\_  
\_\_\_\_\_

f) Do you have other like-category animals not proposed for this insurance?  Yes  No

If Yes, give details and reasons \_\_\_\_\_  
\_\_\_\_\_

g) How many dogs/pets have you lost in the last 12 months? \_\_\_\_\_

h) State cause and date of death in each case if any: \_\_\_\_\_

**Part 7. Other Insurance**

a) Have the animal been proposed insurance previously? Yes  No

If so, provide the name of the insurance company and the number of years \_\_\_\_\_

b) Have you been paid for claims on a animals of similar kind at any time? Yes  No

If Yes, state the amount(s) and name of the insurer \_\_\_\_\_

c) Are there any other circumstances within your knowledge or opinion not already disclosed affecting or likely to affect the proposed insurance? Yes  No

**Part 8. 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 \_\_\_\_\_ Official company rubber stamp \_\_\_\_\_