

**GEMINIA INSURANCE COMPANY LIMITED**

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# FIDELITY GUARANTEE PROPOSAL FORM

**INSTRUCTIONS:**

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or to his dictation.
- Submit photos of damage, copy of logbook and

**Part 1: PARTICULARS OF PROPOSER**

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

KRA Pin \_\_\_\_\_ Certificate of incorporation No. \_\_\_\_\_

Email address \_\_\_\_\_

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

Location of the premises \_\_\_\_\_

Nature of Business \_\_\_\_\_

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

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

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

Name of intermediary if any? \_\_\_\_\_

**Part 2: RISK INFORMATION**

1) How many employees do you currently engage?

2) Do you have a system for vetting prospective employees for trustworthiness before employment?  Yes  No

Please explain \_\_\_\_\_

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

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

5) How often will the books of accounts be audited? \_\_\_\_\_

6) Do you have an internal audit function?  Yes  No

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

**Part 3: SCHEDULE: DETAILS OF EMPLOYEES TO BE GUARANTEED (In case of unnamed policy, please provide employee numbers)**

Full Name	Position/Designation	Number	Amount Guaranteed	
			Any 1 event per employee	Any one year

**Collusion Limit:** Maximum liability of the company per claim in case two or more employees acting in collusion.

Kshs. \_\_\_\_\_

**Aggregate Limit:** Maximum liability of the company during one period of Insurance

Kshs. \_\_\_\_\_

**Auditors Fees Limit** Kshs. \_\_\_\_\_

**Cover** Direct financial loss caused by act of fraud or dishonesty of employees

**Main Exclusions** Losses discovered later than the discovery period of six months, acts committed by employees not in the schedule, acts committed by employees for whom the insured has prior knowledge of infidelity, acts committed by agents or the insured or directors, consequential losses, dishonesty on any computer programme, system or data, of the insured is any financial institution or professional cash carrier.  
or  
occupation

### Part 3. 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

### 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 mis-represented. I/we agree that the proposal together with any other information supplied shall form the basis of any contract.

Name of person Completing the Proposal form \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Official Company Rubber stamp \_\_\_\_\_

#### NOTE:

1. The Insurer 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 insurers reserve the right to modify the terms of the policy.