

GEMINIA INSURANCE COMPANY LIMITED

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GOODS IN TRANSIT 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

(Please note that this policy covers loss or damage to goods in transit that belong to the proposer only. Legal liability for goods belonging to third parties is covered under Carriers Liability policy)

A. Proposers details

Full name of the proposer: _____
KRA Pin No: _____
Postal Address: _____
Email Address: _____
Location of the premises: _____
Contact person's mobilenumber: _____
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 _____

- 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

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 _____
- b. Tobacco _____
- c. Coffee _____
- d. Oil products _____
- e. Gold or Ornaments of special value _____
- f. Aviation Fuel _____

C. Particular of the Vehicles

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 _____