

GEMINIA INSURANCE COMPANY LIMITED

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GROUP PERSONAL ACCIDENT 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.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

Part 1. Proposer's details

Name(s) _____

Postal Address: P.O. Box _____ Code _____ Town _____

Telephone Number(s) _____ Mobile No. _____ Fax No. _____

Email address _____ Pin No. _____

Contact Person(s) _____

Date of Registration (for Companies) _____ Registration No. _____

Profession / Occupation _____

Date of Birth _____ (Note that the maximum age covered is 70 years)

Period of insurance: From: _____ To: _____

Name of intermediary, if any _____

Part 2: Occupation And Personal Details

1) Are you Employed Self-Employed

2) What duties do you perform? (Tick all appropriate)

Office duties Office duties with site visits

Manual worker Commercial traveller (sales/driver)

3) a) Do you suffer from any sight, hearing or any other impairment? Yes No
If yes, please specify _____

b) Have you suffered from any serious injury or illness Yes No
If yes, please give details _____

c) Are you at present in sound health and free of any physical disability? Yes No
If no, please give details _____

d) Do you engage in hazardous sporting activities or past times? Yes No
If yes, please give details _____

N.B, Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged:-

aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football), hang gliding, wild hunting, ice hockey, motor racing, motorcycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including judo, karate and any other unarmed combat yatching outside territorial waters and other hazardous

e) Are there any circumstances relating with your occupation, health conditions, habits, past times and pursuits which would increase the risk of accident or bodily injury to yourself? Yes No

f) If yes, please give details _____

Do you in the course of your duties travel by air, car or motorcycle Yes No

If yes, please explain _____

4) Named Beneficiaries

Name _____ Age _____ Relationship to Insured _____ Mobile No. _____

Name _____ Age _____ Relationship to Insured _____ Mobile No. _____

Part 3: Schedule For Group Personal Accident Policy

	Name	Designation	Number	Annual Earnings (Kshs.)
1				
2				
3				
4				
5				

Part 4: Benefits under Group Personal Accident Policy

		Limits (Kshs.) or number of years earnings
A	Death	
B	Permanent Total Disablement (PTD)	
C	Temporary Total Disablement (TTD)	Earnings per week
D	Medical Expenses	
E		
F		
G		
H		

5) Please confirm if the above include constant allowance i.e housing, commuters etc? Yes No

Part 5: General Insurance History

6) Do you have a medical or have previous medical insurance cover? Yes No
if yes, please give name of insurers and policy no. _____

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 6: 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.

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 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 insurers reserve the right to modify the terms of the policy.