

GEMINIA INSURANCE COMPANY LIMITED

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GOLFERS 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 1 Proposer's Details

Full name of the proposer: _____

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

Postal Address: _____

Email Address: _____

Contact person's mobile number: _____

Period of Insurance From: _____ To: _____

Name of Intermediary _____

Golf club membership _____

Part 2 Schedule

SECTION 1	SUM INSURED
Covering golf equipment including a golf club, trolley, and Golf bag	
Personal effect	
SECTION 2	
Liability to Third parties whilst paying off.	
SECTION 3	
Please tick the person covered <input type="checkbox"/> Insured <input type="checkbox"/> Caddies boy	
Personal accident - for accidental death or permanent total disability due to injury whilst playing off	
Death/Permanent total disablement	
Medical expenses	
SECTION 4	
Hole-in-one cover: payment for a hole-in-one to help meet the expenses	

Part 3 General Insurance History

1. Do the sum proposed for the insurance represent the full value of the property? Yes No
2. Are you currently insured with respect to the above risk? Yes No

If yes state: Insurance Company _____ Expiry Date _____

3. 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 or 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 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 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 insurer reserve the right to modify the terms of the policy.