

**GEMINIA INSURANCE COMPANY LIMITED**

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# HOME PACK 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 certificate of incorporation, KRA PIN certificate and national ID or passport copy with this application.

**Part 1. Proposer’s Details**

- 1. Full name of the proposer: \_\_\_\_\_
- 2. KRA Pin No: \_\_\_\_\_ 3. Certificate of incorporation No: \_\_\_\_\_
- 4. Postal Address: \_\_\_\_\_ 5. National ID/Passport No: \_\_\_\_\_
- 6. Email Address: \_\_\_\_\_
- 7. Location of the premises: \_\_\_\_\_
- 8. Contact person’s mobile number: \_\_\_\_\_
- 9. How long have you conducted the business in terms of years? \_\_\_\_\_
- 10. Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_
- 11. Name of intermediary if any \_\_\_\_\_

**Part 2. Description of Premises**

- 1. Of what material is the dwelling constructed?
  - a) Walls \_\_\_\_\_
  - b) Roof \_\_\_\_\_ c) Floor \_\_\_\_\_
  - d) Window \_\_\_\_\_ e) Doors \_\_\_\_\_
  
- 2. What is the height in storeys? \_\_\_\_\_
  
- 3. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part?  Yes  No
  
- 4. Is the premises:
  - a) A private dwelling house?  Yes  No  
If not please explain \_\_\_\_\_
  - b) A self-contained flat with separate entrance exclusively under your control?  Yes  No
  
- 5. Is the dwelling solely in your occupation? (Include your family and servants)  Yes  No
  
- 6. a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days?  Yes  No  
If so, state the extent \_\_\_\_\_
  
- b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days?  Yes  No

If so, state the extent \_\_\_\_\_

**NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the Company in writing.**

7) Are the buildings in good state of repair and will they be so maintained?  Yes  No

8) Do you wish to insure rent receivable or rent payable?  Yes  No

If yes, state amount and number of months for which cover is required

Amount Kshs \_\_\_\_\_ Number of months \_\_\_\_\_

9) Do you wish to enhance the value of your building automatically at the end of every insurance period?  Yes  No

If so indicate the percentage increase required. Tick appropriate option below:

- a) Five percent (5%)
- b) Ten percent (10%)
- c) Fifteen percent (15%)
- d) Twenty percent (20%)

10) Please indicate the security arrangement you have put in place

Own Watchman

Security Guards

Any other (please specify) \_\_\_\_\_

**Part 3. Property To Be Insured**

Section a - The Buildings

The proposer's residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining there to, including Landlord's fixtures and fittings in the said building all situated as above Kshs \_\_\_\_\_

Total Sum Insured on Buildings (attach a copy of recent valuation report if available)

Note: The sum Insured for the buildings should be the reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for Architects and Surveyors consultancy fees and Cost of debris removal.

Section b - Contents

Note 1: The sum Insured should be the replacement value less depreciation, wear and tear of the property.

Note 2: No one article (furniture excepted) shall be deemed of greater value than 5% of the total sum Insured on the contents unless such article is specifically Insured.

Note 3: The total value of platinum, gold and silver articles, jewellery will be deemed not to exceed one third of the total sum Insured on the said contents unless specifically agreed upon with the Insurer. If the said value exceeds this portion the total value of such property should be specified.

No.	Description	Make & Model	Serial Number	Year of manufacture	Value (Kshs.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Section c - All Risks**

Note: The sum Insured should be the replacement value of the property less a deduction for wear, tear and depreciation. Please give a detailed description and state separately the value of each item as provided here below. In the absence of specific sum insured the company's liability on any single article shall not exceed kshs. 50,000/=

NO.	Description	Make & Model	Serial Number	Year of manufacture	Value (Kshs.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

1. For any items of jewellery with sum Insured up to and in excess of Kshs.50,000 a valuation report must be provided.

2. Please indicate territorial limits to be covered  Kenya  Worldwide

3. Do you wish to cover losses arising from power surge?  Yes  No

**If yes kindly note that an additional premium will be charged**

**Section d - Work Injury Benefit Act (as per WIBA Act 2007)**

Employees to be covered: indoor workers, gardeners, drivers, watchmen & cleaners

Employee Type	Annual Wage	Number of Employees	Estimated Annual Wages

**Section e - Employer's Liability**

Limit of cover required (tick as appropriate)

Any One Person

Any One Event

Any One Year

Subject to deductible of Kshs.10,000 each and every claim

Option A

Kshs. 2,000,000

Kshs.10,000,000

Kshs.20,000,000

Option B

Kshs. 4,000,000

Kshs.15,000,000

Kshs.30,000,000

**Section f - Owner's Liability**

Limit of Indemnity required - Kshs. \_\_\_\_\_

**Section g - Occupier's and Personal Liability**

Limit of Indemnity required - Kshs. \_\_\_\_\_

**Section H: Extension**

The undefined extensions can be incorporated to the policy and appropriate additional premiums to be charged

No.	Description	Sum insured (Kshs)
a.	Removal of debris	
b.	Loss of rent receivable: per month_____ No. of months _____	
c.	Expenses for rent for alternative accomodation	
d.	Life rider	
e.	Terrorism and political risks (include value of building, contents & all risks)	
f.	Personal Accident Cover	

**Part 4. General Insurance History**

1) Do the sums proposed for insurance represent the full value of the property?  Yes  No

2) Are you currently insured in respect to the above risks?  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 on renewal?  Yes  No

**Part 5. 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 of insurance effected thereon.

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

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

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

**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.