

**GEMINIA INSURANCE COMPANY LIMITED**

Head office: Le'Mac, 5th Floor  
P.O. Box 61316-00200, Nairobi  
Tel: 2782000 Fax: 2782100  
Email: info@geminia.co.ke  
www.geminia.co.ke



# HORSE 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.

## 1 Proposer's Details

Full name of the proposer: \_\_\_\_\_

KRA Pin No: \_\_\_\_\_ (Please attach a copy of certificate)

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

Email Address: \_\_\_\_\_

Location of the farm: \_\_\_\_\_

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

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

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

Name of intermediary \_\_\_\_\_

Does any other party have an interest in the horse(s) proposed for insurance Yes  No

If yes, please provide the name \_\_\_\_\_

## 2. Use of the horse

- |  |   |
|--|---|
| <input type="checkbox"/> Dressage      | <input type="checkbox"/> Jumping          |
| <input type="checkbox"/> Eventing      | <input type="checkbox"/> Showing          |
| <input type="checkbox"/> Camp drafting | <input type="checkbox"/> Reining          |
| <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Pleasure         |
| <input type="checkbox"/> Polo          | <input type="checkbox"/> Pony/Riding Club |

## 3. Horse health and care

a) Does a farrier regularly attend the horse? Yes  No

b) How often is the horse under supervision?  Constant  Daily  Weekly

c) Does the horse suffer from any congenital and/or conformation fault? Yes  No

If yes, provide details \_\_\_\_\_

d) Has the horse suffered from or been treated for any injury, illness or disease? Yes  No

If yes, provide details \_\_\_\_\_

e) Has any professional advised that items outlined in question C and D may predispose the horse to future injury, illness or disease? Yes  No

If yes, provide details \_\_\_\_\_

Provide the name and address of the your regular Veterinary Surgeon

Name \_\_\_\_\_ Phone No \_\_\_\_\_

Address \_\_\_\_\_

f) Have ever sustained a loss or losses by any contingencies against which you now propose to insure? Yes  No

If yes, state details of the losses \_\_\_\_\_

\_\_\_\_\_

#### 4. Declaration of health and facts

I/We declare the Horse/s proposed for this insurance is/are in good health and is/are free from injury, disability, abnormality or illness, disability or illness and have been so for the past twelve (12) months and that I/We have not withheld any information likely to affect acceptance of this proposal.

I/We hereby acknowledge that no insurance is in force until Veterinary Certificates requested have been accepted by Geminia Insurance Company Limited.

I/We also declare that the information provided in this proposal form by me/us is correct in every particular.

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