

GEMINIA INSURANCE COMPANY LIMITED

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INDUSTRIAL ALL RISK 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 A Proposer's Details

Intermediary _____

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

Postal Address: _____ Postal Code _____ Town _____

Office Tel _____ Mobile Number _____

Email Address: _____

Location of the Business: Name of the Building _____ Plot No _____ Town _____

Street _____ Road _____ Region _____

Nature of Business/ Occupation _____

Name of Contact Person _____ Position _____

Mobile Number _____

Period of Insurance Required: From _____ To _____

Does any other person, mortgage firm or bank have an interest in the property? Yes No

If yes, please give their name _____

Part B Details of Insurance

1. Have you ever sustained loss by any of the contingencies for which you require insurance? Yes No

If "Yes", please provide more information _____

2. a) Do you maintain a proper set of Account Books? Yes No

b) How often are your books of accounts audited? _____

c) Where are they kept out of business hours? _____

d) What is the name of your certified auditors? _____

3. The following Sections are available. Please indicate which cover you require:

Section A: Material Damage (Fire, Burglary & Accident Damage) Yes No

Section B: Business Interruption Yes No

Part C Material Damage

1. Construction of Building

a) External Walls (built of) _____ b) Roof _____

c) Floors _____ d) No. of Storeys _____

e) Has the property ever been surveyed? Yes No

If so give the name of the surveyor _____ Date of the Survey _____

f) Occupied as _____

2. Are you the only occupier? Yes No

If you have answered 'No' described other occupiers _____

3. Are there any ceilings or partitions of Calico, Canvas or Rush? Yes No

4. Are there other buildings communicating with the premises proposed to be insured? Yes No

5. Are hazardous goods kept in the building? Yes No

If the answer is yes, give full details and the quantity

Details of Insurance		
Details of Insurance	Description of Property	Sum Insured (Kshs)

6. Are your premises grounded when closed after business hours? Yes No

a) If Yes, tick the security measures in place

Own Watchman

Burglar Alarm System

Shared (Joint) Security

CCTV Cameras

Premium Rate	Premium (Kshs)	Excess

Part D Business Interruption

1. On Gross Profit _____
2. On Wages & Salary _____
3. Auditor's fee _____
4. Increased cost of working _____
5. Indemnity period (Number of months) _____

Premium Rate	Premium (Kshs)	Excess

Part E General Insurance History

1. Do the sums proposed for insurance represent the full value of the property? Yes No
2. Has the property proposed for this insurance been covered under a fire policy with Geminia Insurance Company Ltd? Yes No
3. Are you currently insured with respect to the above risks? Yes No

If Yes state: Insurance Company _____ Expiry Date _____

4. Has any Insurer
 - i) Declined to insure you? Yes No
 - ii) Required special terms to insure? Yes No
 - iii) Cancelled or refused to renew your insurance policy? Yes No
 - iv) Or increased your premium on renewal? Yes No

Part F: Claims History

Have you ever suffered any loss/claim in respect to this class of Insurance Yes No

If Yes, please provide the details below _____

No	Date of Loss	Nature of Loss	Claim Amount	Name of Insurance Company

3. 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 _____