

GEMINIA INSURANCE COMPANY LIMITED

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LIVESTOCK 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: _____

Group Name _____

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

Postal Address: _____

Email Address: _____

Location of the premises: _____

Contact person's mobile number: _____

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

Period of Insurance From: _____ To: _____

Name of Intermediary _____

If a farm manager manages the farm please give the following

Name _____ Mobile Number _____

2. Full description of livestock to be insured

| Breed | Age (Months) | Value Kshs | Total Sum Insured |
|-------|--------------|------------|-------------------|
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If the space is not enough you may attach a schedule to this proposal form

3. Details of your veterinary surgeon

a) Name and address of your veterinary _____

b) Cellphone number _____

c) Latest consultation for your animals _____

d) How many kilometers is she/he from your farm? _____

4. Are the animals proposed sound and healthy? Yes No

5. Give full details of your yard handling facilities? _____

6. Give full particulars of defects of ailments, or diseases during the last twelve months

7. Has there been any contagious or infectious disease on the premises during the last twelve months? Yes No

8. Do you keep an animal husbandry record for treatment or vaccination? Yes No

9. Losses

a) How many animals have you lost during the last two years, irrespective or class, type or breed? Yes No

b) State the cause and date of death in each case above _____

10. Have you been paid claims on livestock at any time? Yes No

If so, state the amount(s) and name of the insurer _____

11. Give details of vaccinations carried out to the proposed animal and attach documents.

12. How far from your farm are you purchasing the proposed animal? _____

13. Do you have other categories of the like animals which are not proposed for insurance here? Yes No

If so, declare as below

| No | Type of livestock | Breed | Identification marks/ Numbers | Number of livestock in each category | Value per animal |
|----|-------------------|-------|----------------------------------|---|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

14. Why are the animals not proposed for insurance? _____

15. Do you have any information you think will affect the insurance for your animal? Yes No

16. 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 _____

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.