

GEMINIA INSURANCE COMPANY LIMITED

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LOSS OF PROFITS - FIRE 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 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 the intermediary, if any _____

Address of all premises which have a bearing on the profit of the business _____

a) _____ b) _____

c) _____ d) _____

Maximum Indemnity Period _____ months (Indemnity period refers to the period during which the result of the business shall be affected. In consequence of its damage resulting from Fire & Allied Perils until turnover returns to normal)

Part 2. Sum Insured

No.	SUBJECT MATTER TO INSURED	SUM TO BE INSURED (Kshs.)
a.	Gross Profit	
b.	Wages	
c.	Auditors fees (Cost of producing and certifying documents in connection with a claim)	
d.	Increase the cost of working (Extra expenses incurred to restore normal working operations)	

Part 3. General Insurance History

1. a) How often are your book's accounts audited? _____

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

2. Have you ever suffered loss by Fire or Allied Peril? Yes No

If so, please give details _____

3. Are you currently insured against loss of profit resulting from Fire & Allied Peril? 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 you? Yes No

iii) Cancelled or refused to renew your insurance? Yes No

iv) Or increased your premium or renewal? Yes No

Part 6. 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 _____ Official Company Rubber stamp _____

NOTE:

- 1. The Insured shall accept a policy subject to excesses, restrictions, terms & conditions Gemina 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.