

GEMINIA INSURANCE COMPANY LIMITED

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MONEY INSURANCE PROPOSAL FORM

This policy does not cover financial institution ie. banks

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.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

Part 1. Propers' details

Full name of the proposer _____

KRA Pin No _____

Postal Address _____ Postal Code _____

Location of the premises _____

Contact Person's mobile number _____

Nature of business _____

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

Period of Insurance: From: _____ To: _____

Name of intermediary if any _____

Part 2. Insurance Details

1. a) What are your usual business hours? From: _____ (am/pm) To: _____ (am/pm)

b) What is the territorial limit required for this cover? Kenya East Africa Others

Transit Cover

2. Describe how your money is conveyed. (Tick where appropriate)

a) By employees Yes No

b) By security firm Yes No

c) Police escort Yes No

d) Others (please specify) _____

3. Which bank do you use and its distance from the premises? _____

Safe / Strong room

4. Do you require cover for cash contained in a locked safe or strong room?

If yes, please state: _____

a) Make of Safe or Strong room _____ b) Type _____

c) Size _____ d) Weight _____

e) Where will it be kept? _____ f) How is the safe secured and/or anchored? _____

g) Who has the keys/access to safe / strong room?

Fidelity Guarantee

7) Do you have any Fidelity Guarantee Policy? Yes No

If yes, give details of the amounts guaranteed _____

Part 3 Limit of cover required

No.	Full Description of each article	Amount, (Kshs)
1	Money in Transit from premises to bank (or any other licensed money agents) and vice	
2	Money on the Insured's premises during business hours.	
3	Money on the Insured's premises out of business hours securely locked in cabinet / drawer.	
4	Money in the hands of and or at the residences of the directors.	
5	Money in the hands of sales persons/drivers and / or other employees authorized to collect sales money/proceeds.	
6	National Hospital Insurance Fund and Revenue Stamps.	
7	Money in locked safe or strong rooms	
8	Value of safe or strong room	
9	Any other (please specify)	
10	Estimated Annual Carryings	

Please note that the cover is subject to an escort/transit security warranty, a specimen wording below

It is hereby declared and agreed that the following warranties will apply in respect of money in transit.

- i. Up to Kshs.2,000,000/= ,the money shall be carried by employees of the Insured.
- ii. Exceeding Kshs.2,000,000/= but not more than Kshs.5,000,000/= , the money shall be escorted by two employees.
- iii. Exceeding Kshs.5,000,000/= but not more than Kshs.10,000,000/= , the money shall be transported in a motor vehicle and accompanied by two employees.
- iv. Exceeding Kshs.10,000,000/= , the money shall be transported by a professional security firm.

Further, it is a condition precedent to liability under this Policy that the said security firm shall have contracted to indemnify the Insured against losses arising out of their own employees' infidelity and the indemnity is secured by an insurance Policy to be maintained in force for the period of contract.

Cover	Loss of money in transit or from described premises, loss or damage to safe/strong rooms
Main Exclusions	Loss with involvement of employee or family member, unexplained losses, consequential loss use of keys/passwords, riot strike, civil commotion, war, terrorism, political risks.

Part 3. 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 in 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 you?

Yes No

iii) Cancelled or refused to renew your insurance?

Yes No

iv) Or increased your premium on renewal?

Yes No

Part 4. 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.