

**GEMINIA INSURANCE COMPANY LIMITED**

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# MACHINERY BREAKDOWN 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 premises: \_\_\_\_\_

Nature of business \_\_\_\_\_

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

Name of chief engineer of plant operations manager \_\_\_\_\_

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

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

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

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

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

2. Do you wish to insure the foundations of the machinery? Yes  No

If so, please state the relevant items of the specification \_\_\_\_\_

3. Does the specification include all the machinery coverable under a piece of machinery? Yes  No

4. Do you wish the cover to include extra charges (incase of loss) for:

Express freight, overtime, nightwork, work on public holidays? Yes  No

Air freight? Yes  No

Limit of indemnity for air freight: \_\_\_\_\_

5. Specification of machines to be insured

Item No	Description of Machines <small>Please give a full description of all machines, including the name of manufacture, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature.</small>	Year of Manufacture	Serial Numbers	Replacement Value <small>Please state the current cost of replacing the machine with new machinery of the same kind and capacity (including the oil in the case of transformers and switches) plus freight charges, customs duties, cost of erection, and also the value of foundations, if the latter are to be insured</small>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
	Total			

6. General Insurance History

a) Does the sums proposed for insurance represent the full value of the property? Yes  No

b) Are you currently insured with respect to the above risks? Yes  No

If yes, state: Name of Insurance Company \_\_\_\_\_ Expiry date of the policy \_\_\_\_\_

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 increase your premium on renewal? Yes  No

7 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 \_\_\_\_\_

**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.