

GEMINIA INSURANCE COMPANY LIMITED

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**PROFESSIONAL INDEMNITY &
MEDICAL MALPRACTICE
HOSPITAL & CLINICS
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.
- Submit a Certificate 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 the certificate)

Postal Address: _____

Email Address: _____

Location of the premises: _____

Nature of business _____

Contact person's mobile number: _____

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

Period of Insurance From: _____ To: _____

Name of intermediary _____

Names and Qualifications of Principals - Partners or directors

Name	Qualifications Professional and Academic	Date Qualified	How long principal been in this practice (number of years)

I. Any branches of the Proposed Insured apart from the main head office branch Yes No

If Yes, please provide full details _____

i) _____ iv) _____

ii) _____ v) _____

iii) _____ vi) _____

Part 2 Detailed Business Description

Please state all the business lines for which this Insurance will apply:

- a) _____
- b) _____
- c) _____

Part 3 Claims Experience

a) Have any claims ever been made against the Proposed Insured / Partners / Directors Members / Employees for the type of cover for which you are now applying? Yes No

If Yes, please provide full details _____

b) After enquiry, are any of the Proposed Insured / Partners / Directors / Members / Employees aware of any circumstances which would be covered under a policy of this type, that may result in any claims or any possible claims being made against them? Yes No

If Yes, please provide full details _____

Part 4 Details of Insurance

Have you been previously insured with respect to this policy Yes No

If yes, please provide the following details:

- i) Name of the Insurers: _____
- ii) Date cover expires/d: _____
- iii) Limit of Liability: _____
- iv) Excess applicable: _____
- v) Any claims reported or paid: _____

Part 5 Staff Complement - State the details of staff to be covered in this policy

Specialty	No. of Employees	Specialty	No. of Employees
Anesthesiology		Orthopedics	
Cardiac Surgery		Paediatrics	
Cardiology		Plastic Surgery	
Dental Surgery		Psychiatry	
Dentist / Orthodontist		Radiology	

Specialty	No. of Employees	Specialty	No. of Employees
Dermatology		Radiotherapy	
ENT		Thoracic Surgery	
General Practitioner		Transfusion Medicine	
General Surgery		Traumatology	
Gynecology		Urology	
Internal Medicine		Vascular Surgery	
Neonatology		Nurses	
Neurology		Midwives	
Neurosurgery		Students	
Nuclear Medicine		X-ray Technicians	
Obstetrics		Laboratory Technicians	
Ophthalmology		Other Please specify	

Part 6 Is there any further information that should be made known to the company in order that they may form a proper estimate of the risk?

Yes No

If Yes, please provide full details _____

Part 7 Revenue (Gross fee Income)

Kindly provide the following details

	Immediate past Financial year-end	Estimates for the next Financial year
Gross Revenue of the Hospital/Clinic		
Gross Revenue from any other business covered in this policy		

Part 8 Sum Insured (Limit of Indemnity)

Limit any one claim/period of insurance inclusive of legal costs and expenses. Ksh _____

Part 9 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 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 insured reserve the right to modify the terms of the policy.