

**GEMINIA INSURANCE COMPANY LIMITED**

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# PUBLIC LIABILITY PROPOSAL FORM

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**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 Certificate of Incorporation, KRA pin certificate with this application.

**Part 1. Proposer's Details**

1. Full name of the proposer: \_\_\_\_\_
2. KRA Pin No: \_\_\_\_\_
3. Postal Address: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Location of the premises: \_\_\_\_\_
6. Nature of business: \_\_\_\_\_
7. Contact person's mobile number: \_\_\_\_\_
8. How long have you conducted the business in terms of years? \_\_\_\_\_
9. Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_
10. Name of Intermediary, if any \_\_\_\_\_

**Part 2. Insurance Details**

1. Description of premises: \_\_\_\_\_
  - a) Do you own the premises?  Yes  No
  - b) Are you the sole occupier of the premises?  Yes  No  
If no, supply details of other occupiers: \_\_\_\_\_
- c) Are the premises, plant & machinery in sound state of repair and will they be so maintained?  Yes  No
- d) What is the business carried out in the premises? \_\_\_\_\_
2. If the business is a Hotel, Restaurant or entertainment club:
  - a) State seating capacity and/or membership \_\_\_\_\_
  - b) Whether accomodation facilities are offered?  Yes  No
  - c) Whether car park facilities are provided?  Yes  No

3. Limit of indemnity required:

- a) Any one claim Kshs. \_\_\_\_\_
- b) Any claims arising out of one event Kshs. \_\_\_\_\_
- c) All claims arising during the period of Insurance Kshs. \_\_\_\_\_

4. Do you use any acids, gases chemicals, explosives, radioactive substances in connection with your business?  
 Yes  No  
 If so, give particulars of kinds and quantities and the precautions taken to reduce accidents

\_\_\_\_\_

\_\_\_\_\_

5. Do you wish to extend cover to include liability arising from the use of lifts, cranes, hoists or other lifting apparatus?  Yes  No

6. Is property belonging to customer ever left in your premises under your custody?  Yes  No

7. Will your business activities entail working away from the premises?  Yes  No

If so, please state other work site locations \_\_\_\_\_

8. Do you wish to cover your liability in connection with your car park?  Yes  No

9. Limit of indemnity required for car park extension (maximum free cover - 10% of general limit of indemnity)

- a) Any one claim Kshs. \_\_\_\_\_
- b) Any claims arising out of one event Kshs. \_\_\_\_\_
- c) All claims arising during the period of Insurance Kshs. \_\_\_\_\_

10. Do you wish to cover your liability in respect of guests' personal effects arising from fire, theft or accidental damage? \_\_\_\_\_

Limit of indemnity required for Guests' Effects Extension (free cover limit - Kshs. 100,000)

- a) Any one claim Kshs. \_\_\_\_\_
- b) Any claims arising out of one event Kshs. \_\_\_\_\_
- c) All claims arising during the period of Insurance Kshs. \_\_\_\_\_

**Part 3. General Insurance History**

1. Have you ever been insured for this class of insurance before? Yes  No

If yes, please give the name of the insurer \_\_\_\_\_

2. Are you currently insured for the type of cover provided? Yes  No

If yes, please give the name of the insurer \_\_\_\_\_

3. Has any Insurance Company or Underwriter ever

- a) Declined, cancelled or refused to renew your cover? Yes  No
- b) Required an increased premium or imposed special conditions? Yes  No
- c) Repudiated any claim? Yes  No

If yes to any of the above, please provide details. \_\_\_\_\_

\_\_\_\_\_

4. Have you in the past three (3) years suffered a loss in connection with the type of insurance now proposed?  
 Yes  No

If yes give details of:

a) Date(s) of loss \_\_\_\_\_ b) Amount(s) of loss \_\_\_\_\_

c) Cause of loss(es) \_\_\_\_\_

d) Name of the Insurance Company with which the claim(s) was made \_\_\_\_\_

**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.