

GEMINIA INSURANCE COMPANY LIMITED

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PLATE GLASS 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: _____

Email Address _____

KRA Pin No: _____ (Please attach a copy of the certificate)

Location of the premises _____

Postal Address _____ Code _____ Town _____

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? _____

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

If yes, please provide the name _____

2. State the sum insured on

a) All fixed external glass excluding neon signs Ksh _____

b) Other fixed glass Ksh _____

3. Are the premises in which the glass is situated used for purposes other than those involving the proposer's business or occupation? Yes No

If yes, state for what purpose used _____

4. Have breakages or damage occurred during the last three years? Yes No

If yes, state

a) From what cause _____

b) Cost of repair or replacement _____

5. Are any of the items to be insured damaged at present? Yes No

If yes, give details _____

Part 2 General Insurance History

- 1. Do the sums proposed for insurance represent the full value of the property? Yes No
- 2. Are you currently insured in respect to the above risks? Yes No

If yes state: Insurance Company _____ Expiry Date _____

- 3. 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 3 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 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.