



# TERRORISM & POLITICAL RISK 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: PARTICULARS OF PROPOSER**

1. Name of Proposer \_\_\_\_\_
2. Postal Address P.O. Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_
3. Email address \_\_\_\_\_
4. Location of the premises \_\_\_\_\_
5. KRA Pin \_\_\_\_\_ Certificate of incorporation No. \_\_\_\_\_
6. Contact person's mobile number \_\_\_\_\_
7. How long have you conducted the business in terms of years? \_\_\_\_\_
8. Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_
9. Does any other person or mortgage firm or bank have interest in the property? Yes  No   
 If yes, please provide the name \_\_\_\_\_
10. Name of intermediary if any? \_\_\_\_\_
11. Complete below the values by location. If more than 4 locations please provide XLS format.

Location	Occupancy of premises i.e offices	Values Property Damage Kshs	Business Interruption Kshs

Indemnity period \_\_\_\_\_ months Yes  No

12. Security: (a) Security Details Y/N

Electrical Fencing	CCTV	Perimeter Fence	Access Control	Parking Area

13. Ownership details location details Y/N ( within 100 meters)

Military Premises	Government Premises	Airport	Embassy	Parking Area	Religious Institution	Stadium

14. If manufacturing, details of operation \_\_\_\_\_

15. Details of neighbouring premises (including height and occupancy)

i) North \_\_\_\_\_

ii) South \_\_\_\_\_

iii) East \_\_\_\_\_

iv) West \_\_\_\_\_

16. Brief physical description of premises including:

i) Numbers of floors / basements \_\_\_\_\_

ii) Type of construction \_\_\_\_\_

iii) Details of any car park facilities \_\_\_\_\_

iv) Details of any public access \_\_\_\_\_

17. Details of security guards:

Whether Own / Private Company / Military Police \_\_\_\_\_

Number by day / at night / at weekends \_\_\_\_\_

18. Does the premises have full perimeter fence / wall Yes  No

If yes, please advise Height: \_\_\_\_\_

Type: \_\_\_\_\_

Number of gates / entrance / access points: \_\_\_\_\_

How access is controlled: \_\_\_\_\_

19. Have there been any losses or threats within the last 3 years Yes  No

What steps have been taken to deal with them and to prevent recurrence? \_\_\_\_\_

## Part 2 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

**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.