

GEMINIA INSURANCE COMPANY LIMITED

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TRUSTEES LIABILITY 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.

Part 1 Proposer's Details

Name of pension/ Provident fund _____

Telephone Number _____ Email Address _____

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

Type of Fund: Defined benefit Defined contribution

Postal Address _____ Code _____ Town _____

Name of employee benefits consultant /broker: _____

Name of Fund Administrator/Insurer _____

The current market value of the fund asset: Ksh _____ Current annual contribution to the fund: Ksh _____

Does the Administrator or any other service provider limit under contract? Yes No

If "yes", please give details _____

Period of Insurance: From: _____ To: _____

Intermediary _____

Part 2 Previous losses

1. During the last five years has the fund suffered any loss caused by dishonesty or negligence? Yes No

If "yes" give details _____

Part 3 Officers of the fund

1. Details of Trustees:

Name	Responsibility	Occupation	Age	Date of Appointment

2. Details of the Principal Officer

Name _____ Employed by _____
Qualification _____

3. Details of training (if any) provided for Trustees: _____

4. Has a Trustee ever been dismissed or asked to resign ? Yes No

If yes, please give details _____

Part 4 Account System

1. Do any of the Trustees have direct access via computer systems to information regarding salary deductions and employer’s contribution? Yes No

2. Are Trustees able to input data into computer systems? Yes No

3. Do the Trustees receive regular report of salary deduction and contributions by the Employer and monies transferred to the Fund Managers? Yes No

If yes, at what intervals? _____

4. How often do Trustees receive reports from the Fund Managers on investment performance and accumulated reserves and liabilities _____

Part 5 Audits

1. How often do internal auditors report to Trustees regarding salary deduction and employer contributions?

2. Name of the external auditor: _____ Date appointed _____

3. When was the last external audit carried out? _____

4. Were there any recommendations made by the auditor? Yes No

If yes, please give details _____

5. Who is the actuary to the fund? _____ Date appointed _____

6. How often are actuarial reports submitted? _____

Part 6 Cover Required

1. Limit of liability for any occurrence and in the annual aggregate Ksh. _____

Part 7 Management/Investment

1. Have the Trustees prepared a statement of investment principles for the trust? Yes No

2. Have the Trustees appointed an independent investment manager /advisor? Yes No

If yes, please provide the following information;

a) is there a written investment agreement with the investment manager/advisor? Yes No

b) is the performance of the investment manager/ advisor reviewed atleast bi-annually? Yes No

Part 8 Within the scope of this proposed insurance

1. Has any claim been made or is now pending against any person proposed for insurance in the capacity of Trustee or officer of the firm? Yes No

If yes, please give details _____

2. Has any officer or trustee of the firm any knowledge or information of any negligent act, error or omission which might give rise to a claim against them? Yes No

If yes, please give details _____

Note

It is agreed, if such knowledge or information exists, any claim or action subsequently arising therefrom shall be excluded from the proposed insurance.

3. Has the firm, its Trustees and its officers ever been involved in or have any knowledge of any pending litigation? Yes No

If yes, please give details _____

4. State the name and address of the bankers wherein the firm maintains its principal bank account.

5. Is it proposed to implement within the period of the proposed insurance:

a) An expansion program? Yes No

b) A takeover of another firm? Yes No

c) An amalgamation or financial association with another firm or firms in addition to normal trading expansion of the Firm as now constituted? Yes No

If yes, notice must be given to Underwriters within thirty (30) days after approval by the Trustees and an additional premium shall be required.

6. Is this new cover additional to an existing "Errors and Omissions" policy or "Professional Indemnity" policy or some other such policy? Yes No

If this is the case, the new policy would have to be adapted so that it would be complementary to it. If there is an existing policy, please give details

7. Please supply details of any other relevant information such as your system for checking and your controls and safeguards.

8. If Trustee Liability Insurance has been carried during the past 3 years, please state;

i) The name of the Insurers _____

ii) The period of the policy _____

iii) The Indemnity _____

iv) As far as you know, have the proposers ever refused this type of insurance or had a similar insurance canceled? Yes No

10. The undersigned chairman of the board or managing Trustee of the firm declares that to the best of his knowledge the statements set forth herein are true.
It is agreed that his form shall be the basis of the Contract should a policy be issued.

SIGNED _____
(must be signed by the Chairman of the Board and Management Trustee)

USUAL STAMP OF THE FIRM _____

DATE _____

PLEASE NOTE

This Proposal must be accompanied by the latest annual report and statement of accounts of the Firm.