

**GEMINIA INSURANCE COMPANY LIMITED**

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# WIBA PLUS (GPA/WIBA) 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: WIBA**

Indemnity to the employer against legal liability under the Work Injury Benefits Act, 2007 and subsequent amendments in respect of assessments and awards for bodily Injury by accident or diseases caused to employees in course of their employment, and occurring /made during the period of Insurance, subject to the terms, conditions, exceptions and warranties, of the Policy.

Name in full \_\_\_\_\_

KRA PIN Number \_\_\_\_\_

Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Town \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Physical Address / Location of premises \_\_\_\_\_

Nature of Business / Occupation \_\_\_\_\_

Period of Insurance required: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

(Ensure the Certificate of Incorporation and KRA Pin Certificate copies are attached)

All questions must be answered fully Ticks or Dashes are not sufficient.

**Please note that the truth of the statements and answers in the proposal are conditions precedent to liability.**

1.(a) Does any law or regulation governing the conduct or maintenance of premises apply to your premises? Yes  No

If so, name such laws and regulations \_\_\_\_\_

ii) Have you carried out all obligations imposed on you by such laws and regulations? Yes  No

If yes, give details \_\_\_\_\_

2. a) Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? Yes  No

If yes, give details \_\_\_\_\_

b) Do you have any boilers? Yes  No

If yes, give details \_\_\_\_\_

(c) Are your ways, works and plant properly fenced and guarded and otherwise in good order and condition? Yes  No

3. Do you use acids, gases, chemicals or explosives? Yes  No

If yes, give details \_\_\_\_\_

4. Do you handle or use radioisotopes radioactive substances, or other sources of ionising radiations? Yes  No

If yes, give details \_\_\_\_\_

5.a) Are you at present insured or have you ever Proposed for a Workmen's Compensation policy or a work injury benefits policy? Yes  No

If so, please state the policy number \_\_\_\_\_ and name the insurers \_\_\_\_\_

b) Have such proposals or renewals ever been declined or withdrawn? Yes  No

If so, please give reasons \_\_\_\_\_

And the name of the insurer \_\_\_\_\_

(c) Have increased rates been required for such proposals or renewals? Yes  No

If so, please give details \_\_\_\_\_

6. Do you have any employees with a pre-existing medical condition Yes  No

Names/Number of Employees	Description of Occupation	Description of Occupation

For additional occupations please use a supplementary sheet. The Maximum Age Limit allowed in the policy is 70 Years.

Please note that it is a condition of this Policy that the Estimated Annual Wages, Salaries, and other Earnings are required to be certified annually by your Auditors within three months of the expiry date of the period of Insurance.

7. Please confirm if the above include constant allowance i.e housing, commuters etc? Yes  No

## Part 2. GENERAL INSURANCE HISTORY

a) Are you currently insured in respect to the above risks? Yes  No

If yes state: Insurance Company Expiry Date

b) Has any insurer Yes  No

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 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.

Name of person Completing the Proposal form \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Official Company Rubber stamp \_\_\_\_\_

**NOTE:**

1. The Insurer 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 insurers reserve the right to modify the terms of the policy.