

GEMINIA INSURANCE COMPANY LIMITED

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WIBA INSURANCE 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 _____

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 _____

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
 b) Have such proposals or renewals ever been declined or withdrawn? Yes No
 If yes, give details _____
 c) Have increased rates been required for such proposals or renewals? Yes No
6. Do you have any employee with pre-existing medical condition?
 Yes _____
 No _____

EMPLOYEES BEING WORKERS AS DEFINED BY SECTION 5 THE WORK INJURY BENEFITS ACT 2007

Names/Number of Employees	Description of Occupation	Estimated annual salaries/wages and other earns on which premium is based

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

For additional occupations please use a supplementary sheet. The maximum age limit allowed in the policy is 65 years.
Please note that it is a condition of this Policy that the Estimated Annual Wages, Salaries and other Earnings is required to be certified annually by your Auditors within three months of the expiry date of the period of Insurance

Year	Wages, Salaries and other earnings	Number of Accidents to your employees (whether or not involving claims)	Claims			
			Settled		Outstanding	
			Settled	Cost	Number	Cost

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.

Name of person Completing the Proposal form _____
 Designation _____ Date _____
 Signature _____ Official Company Rubber stamp _____

- NOTE:**
- The Insurer shall accept a policy subject to excesses, restrictions, terms & conditions Geminia Insurance Company Limited may deem necessary.
 - 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.