

**GEMINIA INSURANCE COMPANY LIMITED**

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# PLANT ALL RISKS 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**

- a) Full name of the proposer: \_\_\_\_\_
- b) KRA Pin No: \_\_\_\_\_ (Please attach a copy of the certificate)
- c) Postal Address: \_\_\_\_\_
- d) Email Address: \_\_\_\_\_
- e) Location of the premises: \_\_\_\_\_
- f) Nature of the business: \_\_\_\_\_
- g) Contact person's mobile number: \_\_\_\_\_
- h) Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_
- i) Does any other person or mortgage firm or bank have an interest in the property? Yes  No   
If yes, please give the name: \_\_\_\_\_
- j) Geographical scope of cover:
  - i) Kenya
  - ii) East Africa
  - iii) Others  Please specify \_\_\_\_\_

**Part 2 Insurance Details**

- a) Have the plant and machinery to be insured (partly or in total) been hired?  Yes  No  
If so, please specify: Owner's name \_\_\_\_\_ Owner's Address \_\_\_\_\_
- b) Are the plant and machinery highly exposed to special hazards?
 

<input type="checkbox"/> Fire, explosion	<input type="checkbox"/> Earthquake, volcanic activity, tsunami
<input type="checkbox"/> Storms, cyclone	<input type="checkbox"/> Flood, inundation
<input type="checkbox"/> Landslide	<input type="checkbox"/> Blasting
<input type="checkbox"/> Employment in mountainous terrain	<input type="checkbox"/> Employment underground
<input type="checkbox"/> Other	



iii) Cancelled or refused to renew your insurance?

Yes  No

iv) Or increased your premium on renewal?

Yes  No

**Part 5 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.