

Declaration

I warrant that the above statements are true and complete and agree that this proposal shall be the basis of the contract between me and the company.

I also agree to accept the company's policy applicable to the insurance.

Signature:

Date:

* * The liability of the company does not commence until the acceptance of the proposal has been intimated by the company or official cover note has been issued.

BRANCH NETWORK

HEAD OFFICE

Le' Mac, 5th Floor
Church Road, Off Waiyaki Way
P.O. Box 61316-00200
Nairobi
Telephone: 020-2782000
Fax: 2782100
Email: info@gemina.co.ke
Website: www.gemina.co.ke

CBD BRANCH

Agip House, 1st Floor
Haile Selassie Avenue
P.O. Box 61316-00200
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Email: info@gemina.co.ke

UPPER HILL BRANCH

Gemina Insurance Plaza,
2nd Floor
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P.O. Box 61316-00200
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Telephone: 020-2782180/181
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MOMBASA BRANCH

Diamond Trust Arcade
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P.O. Box 80043-80100
Mombasa
Telephone: 020-2782300
Email: mombasa@gemina.co.ke

ELDOROT BRANCH

Gemina Building
Iten Road
P.O. Box 7484-30100
Eldoret
Telephone: 020-2782400
Email: eldoret@gemina.co.ke

KISUMU BRANCH

Minoki Building, 1st floor
Oginga Odinga Street
P.O. Box 9230-40100
Kisumu
Telephone: 020-2782500
Email: kisumu@gemina.co.ke

KISII BRANCH

Umoja complex, 1st Floor
Off Hospital Road
P.O. Box 2546-40200
Kisii
Telephone: 020-2782520
Email: kisii@gemina.co.ke

NYERI BRANCH

Konahauthi House, 1st Floor
Opposite GPO, Suite H4
Kenyatta road / Kimathi way
P.O. Box 467-10100
Nyeri
Telephone: 020-2782600
Email: nyeri@gemina.co.ke

MERU BRANCH

Twin Plaza, 2nd Floor
P.O. Box 1050-60200
Meru
Telephone: 020-2782620
Email: meru@gemina.co.ke

NAKURU BRANCH

Westside Mall, 3rd Floor
Kenyatta Avenue
P.O. Box 19202-20100
Nakuru
Telephone: 020-2782420
Email: nakuru@gemina.co.ke

THIKA BRANCH

Maisha Heights, 3rd Floor
Kenyatta Highway
P.O. Box 7139-01000
Thika
Telephone: 020-2782640
Email: thika@gemina.co.ke

GEMINIA GOLFERS INSURANCE COVER

*"We provide cover to help you
enjoy your game better."*



Think Insurance... Think Geminia

What are the benefits of this cover?

The insurance provides cover against the following contingencies happening on a golf course or club premises: -

Golf equipment

Coverage of your equipment for loss or damage to your golfing equipment i.e. clubs, bags and caddie cars whilst playing or practicing golf in any golf club or whilst in transit to or from any golf course or driving range.

Legal liability

Insures against third party claims for bodily injury or property damage caused by your negligence whilst playing or practising golf.

Personal accident

Compensates for death or Permanent Total Disablement following accidental bodily injury whilst playing or practising golf up to Kshs. 100,000/-

Hole-in-one

Reimburses the sum insured plus the expenses incurred at the golf club premises following the scoring of a hole-in-one.

Personal Effects

Loss or damage to personal effects (other than golfing equipment and valuable) through fire, theft or larceny.

Medical expenses

Pays for medical and hospital expenses incurred as a result of accidents whilst golfing.

What are the requirements of the cover?

The below is what is required to obtain this cover:

- Duly completed proposal form
- Copy of I.D. & P.I.N. certificate
- Golfing equipment value

What are the limit options of this cover?

SUMMARY OF COVER	OPTION (Kes.)		
	1	2	3
Golf equipment	80,000	160,000	240,000
Legal liability	1,000,000	1,000,000	1,000,000
Personal accident	100,000	100,000	100,000
Hole In One	40,000	40,000	40,000
Personal effects	25,000	25,000	25,000
Medical expenses	100,000	100,000	100,000
Medical expenses for caddies	20,000	20,000	20,000

How much is this cover?

The premium for this cover are as follows:

Option 1: Kes. 4,058

Option 2: Kes. 5,063

Option 3: Kes. 6,067

*Premiums are inclusive of all levies

How do I sign up for this cover?

- You can visit any our branches countrywide
- Speak to your agent or brokers
- Call us on 020-2782000
- Email: info@geminia.co.ke



Golfer's Insurance Proposal Form

Full Names																		
Postal Address																		
Tel: Home						Office						Cell						
Date Of Birth	D	D	M	M	Y	Y	ID No. (Attach A Copy)						PIN Number					

GOLF CLUBS IN WHICH PROPOSER IS A MEMBER 1. _____
 2. _____
 3. _____

OPTION: 1 2 3