

**GEMINIA INSURANCE COMPANY LIMITED**

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## CONTRACTOR'S ALL RISK 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.

**1. Proposer's details**

Name(s) \_\_\_\_\_

Postal Address: P.O. Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email address \_\_\_\_\_ Pin No. \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Date of Registration (for Companies) \_\_\_\_\_ Registration No. \_\_\_\_\_

Profession / Occupation \_\_\_\_\_

Period of insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of intermediary, if any \_\_\_\_\_

2. Title of contract: \_\_\_\_\_

If the project consists of several sections, specify all the sections to be insured:

No.	Description of works

**(Attach a copy of the contract award letter.)**

3. Location of site: \_\_\_\_\_

County/province/district \_\_\_\_\_ City/town/village \_\_\_\_\_

4. Name and address of principal \_\_\_\_\_

5. Name(s) and address(es) of contractor(s) \_\_\_\_\_

6. Name(s) and address(es) of subcontractor(s) \_\_\_\_\_

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Please indicate the specific jobs that will be done by the various subcontractors

No.	Name of subcontractor	Description of works

7. Name and address of consulting engineer \_\_\_\_\_

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8. Description of contract work (please give detailed technical information) \_\_\_\_\_

Dimensions (length, height, depth, span, number of floors) \_\_\_\_\_

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Construction methods \_\_\_\_\_

Construction materials \_\_\_\_\_

9. a) Is the contractor experienced in this type of work or construction methods? ☐ Yes ☐ No

b) Please list previous projects of a similar nature undertaken by the contractor

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10. Period of insurance: Date of commencement of work: \_\_\_\_\_ Date of completion of work: \_\_\_\_\_

Duration of construction: \_\_\_\_\_ months. Maintenance period: \_\_\_\_\_ months  
(Please note that any extension of insurance cover beyond its stated dates will attract an additional premium.)

11. Special risks:

Fire, explosion ☐ Yes ☐ No

Flood, inundation ☐ Yes ☐ No

Landslide, storm, cyclone ☐ Yes ☐ No

Blasting ☐ Yes ☐ No

Others \_\_\_\_\_

Volcanism, tsunami ☐ Yes ☐ No

Have earthquakes been observed in this area? ☐ Yes ☐ No

If so, please state intensity

Magnitude: \_\_\_\_\_

Is the design of the structures to be insured based on regulations regarding earthquake-resistant structures? ☐ Yes ☐ No

Is the design standard higher than that stipulated in the relevant regulations? ☐ Yes ☐ No

12. Subsoil conditions: Rock ☐ Gravel ☐ Sand ☐ Clay ☐ Filled ground ☐ Other: \_\_\_\_\_

Do geographical faults exist in the vicinity? ☐ Yes ☐ No

13. Ground water level \_\_\_\_\_

14. Name of nearest river, lake, sea e.t.c. \_\_\_\_\_

Distance \_\_\_\_\_ Level: Lower water: \_\_\_\_\_ Mean water: \_\_\_\_\_ Highest level recorded: \_\_\_\_\_

15. Meteorological conditions: Rainy season from \_\_\_\_\_ to \_\_\_\_\_

Max rainfall (mm) \_\_\_\_\_ per hour \_\_\_\_\_ per day \_\_\_\_\_ per month

Storm hazard ☐ minor ☐ medium ☐ high

16. Are extra charges for overtime, nightwork, work on public holidays to be included? ☐ Yes ☐ No

Limit of indemnity \_\_\_\_\_

17. a) - Is the Third Party Liability (TPL) to be included: ☐ Yes ☐ No

- Has the contractor effected a separate policy for TPL? Limit of indemnity \_\_\_\_\_ ☐ Yes ☐ No

b) Is cover for the principal existing property required? Limit of indemnity \_\_\_\_\_ ☐ Yes ☐ No

18. Details of existing buildings or surrounding property possibly affected by the contract work, such as excavating, underpinning, piling, vibration, ground-water lowering etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care custody or control of the Contractor(s) or the Principal to be insured against loss or damage arising out of or in connection with the contract works? ☐ Yes ☐ No

Limit of indemnity \_\_\_\_\_

Exact description of these buildings/structures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Please state hereunder the amounts you wish to ensure and the limits of indemnity required (cf. Policy Wording, Section I, Memo I, and Section II)

Section I: Material damage

Currency: \_\_\_\_\_

Items to be insured	Sums to be insured
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1. Contract price	
1.2. Materials or items supplied by the Principal(s)	
2. Construction plant and equipment	
3. Construction machinery (please attach list showing replacement values of new items)	

4. Clearance of debris (insured only up to the amount indicated)	
5. Professional fees	
Total sum to be issued under Section I	

**Please note that insurance for construction plant, equipment and machinery is an annual policy. Where insurance is required for more than 1 year pro-rata premium to be charged for the extended days.**

Cover extensions (additional premium will be payable)

Special risks to be insured	Sums to be insured
a) Terrorism and political risks	

Section II: Liabilities section (additional premium will be payable)

Items to be insured	Sums to be insured
a) Third party bodily injury (any one event)	
b) Third party property damage (any one event)	
c) Existing property cover (any one event)	
Total limit to be applied under Section II	

### 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
- i) Declined to insure you? ☐ Yes ☐ No
- ii) Required special terms to insure you? ☐ Yes ☐ No
- iii) Cancelled or refused to extend your insurance? ☐ Yes ☐ No
- iv) Or increased your premium at extension? ☐ Yes ☐ No

### Consent and Declaration form

Geminia Insurance Company Limited is committed to protecting the fundamental human right to privacy of those with whom we interact. We recognize the need to safeguard personal data that is collected or disclosed to us as part of the know-your-customer information required by us in order to provide you with the requisite financial product or service.

We are committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as best global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (<https://geminia.co.ke/data-privacy-statement/>) which is intended to tell you how we use your personal data and describes how we collect and process your personal data during and after your relationship with us.

As part of our engagement with you, we would like to communicate with you, where necessary, via email, WhatsApp, SMS, telephone, or post. To this end, we seek your consent to use your data in the following ways.

1. Collect, use, disclose, and/or process, and/or store your personal data that are relevant to your financial product or service and as permitted by law.
2. Collect, share, and transfer your personal data as described in our Data Privacy Statement published on our website (<https://geminia.co.ke/data-privacy-statement/>). Any such transfer to third parties shall be as per the requirements provided in law with adequate safeguards to respect and uphold your privacy.

By selecting the channel(s) below, I consent to receiving marketing information about Geminia Insurance Company's products and services as well as confirming the preferred channel to communicate with you.

☐ SMS ☐ WhatsApp ☐ Email ☐ Telephone

## 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\_\_\_\_\_

ID Number/Passport:\_\_\_\_\_E-mail address:\_\_\_\_\_

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.