

**GEMINIA INSURANCE COMPANY LIMITED**

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# CROP 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.
- Attach a copy of Incorporation, KRA pin certificate with this application.

**Part A Proposer's Details**

Full name of the proposer:\_\_\_\_\_

KRA Pin No:\_\_\_\_\_ (Please attach a copy of the certificate)

Postal Address:\_\_\_\_\_

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

Location of the farm: County\_\_\_\_\_ Sub-County\_\_\_\_\_ Location\_\_\_\_\_

Farm Manager, if any: Name\_\_\_\_\_ Mobile Number:\_\_\_\_\_

How long have you conducted the business in terms of years?\_\_\_\_\_

Period of Insurance From:\_\_\_\_\_ To:\_\_\_\_\_

Does any other person or financial institution have an interest in the property? Yes ☐ No ☐

If yes, please provide the name:\_\_\_\_\_

Name of Intermediary\_\_\_\_\_

**Part B Details of Crop to be Insured**

1. GPS Location of the farm: Latitude\_\_\_\_\_ Longitude\_\_\_\_\_

2. Length of the crop cycle (Germination to Harvesting)\_\_\_\_\_ Days.

3. Please give details in the table below for the crop you propose to insure.

Current year under consideration			
Crop Name	Production Cost per acre (Ksh)	Total Agerage (Acres)	Total Cost of input

4. Nominated market value: Kshs\_\_\_\_\_ Per\_\_\_\_\_ ( Kgs/Bag/Metric Tonne)

5. Please provide your Actual Production History for the proposed crop in the table below.

Actual Production History ( the last five years)		
Year	Acreage Planted (Acres)	Total Yield in Units

\*Details may be subjected to verification

6. Have you ever suffered any loss/damage on this crop during the last 5 years? Yes ☐ No ☐

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

\_\_\_\_\_

\_\_\_\_\_

7. Which of the following risk from your experience is likely to affect your crop production?

Peril	Tick appropriately	
Drought	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uncontrollable pests and diseases.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hailstone damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flooding of the crop field	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire and Lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Malicious damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Has any of your proposals for Crop Insurance been declined before or any special conditions imposed on the proposal? Yes ☐ No ☐

### Part C 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://www.geminia.co.ke/docs/.pdf>) 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://www.geminia.co.ke/docs/.pdf>). 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 of insurance effected thereon.

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

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

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.