

# TERRORISM & POLITICAL 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.

## Part 1: PARTICULARS OF PROPOSER

1. Name of Proposer\_\_\_\_\_
2. Postal Address P.O. Box\_\_\_\_\_ Code\_\_\_\_\_ Town\_\_\_\_\_
3. Email address\_\_\_\_\_
4. Location of the premises\_\_\_\_\_
5. KRA Pin\_\_\_\_\_ Certificate of incorporation No.\_\_\_\_\_
6. Contact person's mobile number\_\_\_\_\_
7. How long have you conducted the business in terms of years?\_\_\_\_\_
8. Period of Insurance From\_\_\_\_\_ To\_\_\_\_\_
9. Does any other person or mortgage firm or bank have interest in the property? Yes ☐ No ☐  
If yes, please provide the name\_\_\_\_\_
10. Name of intermediary if any?\_\_\_\_\_
11. Complete below the values by location. If more than 4 locations please provide XLS format.

| Location | Occupancy of premises i.e offices | Values Property Damage Kshs | Business Interruption Kshs |
|----------|-----------------------------------|-----------------------------|----------------------------|
|          |                                   |                             |                            |
|          |                                   |                             |                            |
|          |                                   |                             |                            |

Indemnity period\_\_\_\_\_months

Yes ☐ No ☐

## 12. Security: (a) Security Details Y/N

| Electrical Fencing | CCTV | Perimeter Fence | Access Control | Parking Area |
|--------------------|------|-----------------|----------------|--------------|
|                    |      |                 |                |              |
|                    |      |                 |                |              |
|                    |      |                 |                |              |

## 13. Ownership details location details Y/N ( within 100 meters)

| Military Premises | Government Premises | Airport | Embassy | Parking Area | Religious Institution | Stadium |
|-------------------|---------------------|---------|---------|--------------|-----------------------|---------|
|                   |                     |         |         |              |                       |         |
|                   |                     |         |         |              |                       |         |
|                   |                     |         |         |              |                       |         |

14. If manufacturing, details of operation\_\_\_\_\_

\_\_\_\_\_

15. Details of neighbouring premises (including height and occupancy)

i) North\_\_\_\_\_

ii) South\_\_\_\_\_

iii) East\_\_\_\_\_

iv) West\_\_\_\_\_

16. Brief physical description of premises including:

i) Numbers of floors / basements\_\_\_\_\_

ii) Type of construction\_\_\_\_\_

iii) Details of any car park facilities\_\_\_\_\_

iv) Details of any public access\_\_\_\_\_

17. Details of security guards:

Whether Own / Private Company / Military Police\_\_\_\_\_

Number by day / at night / at weekends\_\_\_\_\_

18. Does the premises have full perimeter fence / wall

Yes ☐ No ☐

If yes, please advice Height:\_\_\_\_\_

Type:\_\_\_\_\_

Number of gates / entrance / access points:\_\_\_\_\_

How access is controlled:\_\_\_\_\_

19. Have there been any losses or threats within the last 3 years

Yes ☐ No ☐

What steps have been taken to deal with them and to prevent recurrence?\_\_\_\_\_

## Part 2 GENERAL INSURANCE HISTORY

a) Does the sums proposed for insurance represent the full value of the property?

Yes ☐ No ☐

b) Are you currently insured with respect to the above risks?

Yes ☐ No ☐

If yes, state: Name of Insurance Company\_\_\_\_\_ Expiry date of the policy\_\_\_\_\_

Has any Insurer

i) Declined to insure you?

Yes ☐ No ☐

ii) Required special terms to insure you?

Yes ☐ No ☐

iii) Cancelled or refused to renew your insurance?

Yes ☐ No ☐

iv) Or increase your premium on renewal?

Yes ☐ No ☐

### Part 3 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.