



ALL RISKS PROPOSAL FORM

All questions must be answered in full. Please use BLOCK letters and tick as appropriate.

Broker/Agent _____

Policy No. _____

(for Company use)

A. PARTICULARS OF PROPOSER

Name of Proposer _____

Postal Address P.O. Box _____ Code _____ Town _____

Telephone No. _____ Mobile No. _____ Email address _____

ID Card No. _____ PIN No. _____ Date of Birth _____

Date of Registration (for companies) _____ Registration No. _____

Profession or Occupation _____

B. PARTICULARS OF INSURANCE

1) Have you previously been insured for Domestic Package, Fire, Theft or All Risks? Yes No

If yes, please give the name of the Insurer _____

2) Are you currently insured for Domestic Package, Fire, Theft or All Risks? Yes No

If yes, please give the name of the Insurer _____

3) Is the proposed cover for: Business Insurance
 Personal items Insurance

4) Do you require cover for: Kenya Only
 Worldwide

C. INSURANCE HISTORY

5) Has any company or underwriter ever
 (a) declined, cancelled or refused to renew your Insurance? Yes No

(b) required an increased premium or imposed special conditions? Yes No

If yes, to any of the above, please provide details _____

6) If cover is required for jewellery, has the jewellery been valued recently? Yes No

If yes, state date of last valuation (please attach a valuation report) _____

7) Have you ever suffered a loss in connection with All Risks Insurance? Yes No

If yes, give details _____

D. SCHEDULE

NB: Cover cannot be given on watches, photographic equipment, electronic equipment, office machines and equipment etc unless the maker's serial and model number is quoted on this form.

In the absence of specific sum insured, the Company's liability on any single article shall not exceed 5% of the total sum insured under that section.

Item No.	Full Description of each article	Maker's No/ Serial Number	Value (Kshs)
Total			

Summary of cover

Loss or damage to property by fire, theft or any accident or misfortune.

Main Exclusions

Loss or damage arising out of wear, tear, deterioration, mechanical breakdown or derangement, theft by servant, wilful acts, confiscation, contamination, theft from an unlocked vehicle, consequential loss, war, mutiny, riot and strike.

The foregoing is a brief summary of the policy and the full wordings can be availed on request.

Period of Insurance

From _____ To _____

I/We hereby agree to accept a policy subject to Policy excesses restrictions and any other terms and conditions as per the Policy to be subsequently issued by Geminia Insurance Company Limited.

I/We hereby declare that the above answers and other particulars stated on this proposal are to the best of our knowledge and belief completed and true and that we have not withheld any information that might tend to influence the Company's decision regarding this proposal and we undertake to exercise all ordinary precautions for the safety of the said property. I/We agree that this declaration and answers shall be the basis of the contract between we/us and Geminia Insurance Company Limited.

Liability does not commence until the proposal has been accepted by the Company and the premium paid.

Date Signature & Stamp of Proposer.....

Date Signature & Stamp of Agent

Agents Remarks

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Our branch offices are: **Mombasa:** Diamond Trust Arcade, Moi Avenue, P.O. Box 80043-80100, Tel No.041 2228332/2227865, 0770271739, Fax No.0412228168 email mombasa@geminia.co.ke, **Eldoret:** Item Road, P.O. Box 7484-30100, Tel No. 053 2063358/2063456, 0770271715, Fax No.053 2062771 email eldoret@geminia.co.ke. **Kisumu:** Block A, 4th flr, Mega Plaza, Oginga Odinga Road, P.O. Box 9230-40100, Tel No.057 2020722/2023824, Fax No.057 2020723, email kisumu@geminia.co.ke. **Kisii:** Uhuru Complex, Ground flr, Kisumu-Kisii Road, P.O. Box 2546-40200, Tel No.058 30303/4/5/6, Fax No.058 30303