

Agency _____	C/Note _____	Policy No. _____	COMMERCIAL VEHICLE
A/C No. _____	Client No _____		

GEMINIA INSURANCE COMPANY LIMITED
P.O. BOX 61316 CITY SQUARE, NAIROBI 00200 KENYA
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COMMERCIAL VEHICLE PROPOSAL FORM
(Excluding Hire and Reward)

1. Full name of proposer (s) (In Capitals) _____
2. K.R.A's Personal Identification Number (P.I.N) _____
(Please attach copy of P.I.N. Certificate)
3. Postal Address _____ Code _____ Town _____ Tel. _____
4. Email Address _____
5. Profession or Occupation _____
6. What is your age? _____
7. Residential Address (in full) _____
8. Period of Insurance required for _____ months from _____ to _____

Registered Letters and Numbers	Make	Type of Body	Cubic Capacity or Horse Power	Year of Manufacture	(i) Engine & (ii) Chassis numbers	Carrying Capacity		Proposer's Estimate of: (a) Present Value (b) Accessories therein

9. Are there any non-standard accessories on the vehicle? (Spot lamps, roof rack, radio, sunshade etc). If so, state
(a) type of accessory _____
(b) value of each (unless declared, accessories are not covered). _____

10. State fully the purpose for which the Vehicles will be used and the general nature of the goods to be carried.	DESCRIPTION	MAXIMUM CARRYING CAPACITY	VALUE

11. Will Trailer(s) to be attached to the Vehicle(s)? If so, give details of each. _____

12. Do you wish the Trailer(s) to be insured? If so, give details of each _____

13. (a) Is the vehicle your sole and absolute property? (a) _____
(b) If not, please give the name of financiers (b) _____

14. Date of purchase by you and price paid and whether new or second hand? _____

15. If more than one Vehicle to be insured, how many will be used at a time? _____

16. a) Will any one holding provisional license drive the vehicle? (a) _____
b) Give details of the driving experience of all persons who will drive the vehicles to be insured. (b) _____

Note:- Please read this Form carefully and give a definite answer to each question. Ticks and Dashes cannot be accepted as answer.

17. Do you or any other person who to your knowledge will drive, suffer from defective hearing or from any physical infirmity?									
18. Have you or any other person, who to your knowledge will drive been convicted of any offence in connection with the driving of any motor vehicle during the past five years? If so, give brief details									
19. Are the Vehicles at present in thorough state of repairs?									
20. Give record of accidents and/or losses during the past three years in connection with any motor vehicle owned and/or driven by you whether insured or uninsured including any claims outstanding.									
Total Number of Accidents and Losses									
Year	Total No. of Motor Vehicle owned by Proposer	Total No. of Accident and Losses		Damage to Proposer's Motor Vehicle		Third Party		Other Losses	
				No.	Amount Kshs.	No.	Amount Kshs.	No.	Amount Kshs.
20__			Paid						
			Outstanding						
20__			Paid						
			Outstanding						
20__			Paid						
			Outstanding						
21. State fully form your knowledge if the proposed Motor Vehicle met any accident or accidents previously and the risk has been cancelled or declined by any Insurance Company. If so, by which Company and when?									
22. Has any Company or underwriter ever:- a) Declined your proposal ? b) Required an increased premium ? c) Required you to bear the first portion of any loss ? d) Refused to renew or cancelled your policy ?						a) b) c) d)			
23. Are you entitled to "NO CLAIM DISCOUNT?" If so, for how many years up to this date have you previously been insured continuously without claim and with what Company ? Please attach Renewal Notice/Certificate									
24. Do you have any other vehicles insured with the Company ? If so, give particulars.						Policy No(s).			
25. Particulars of Insurance required:- Delete items not applicable Average Clause shall be applicable						a) Comprehensive b) Third Party Fire and Theft c) Third Party Only. d) Ordinance Liabilities only			
I/We hereby agree to accept a Policy subject to Policy Excesses, Restrictions and any other Terms and Conditions as Geminia Insurance Co. Ltd. may deem necessary.									
I/We desire to insure with GEMINIA INSURANCE CO. LTD. The Motor Vehicle(s) described in the above proposal and I/We hereby warrant that the above statements and particulars are true and I/We have not suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the Company, and I/We agree to accept the Company's usual form of Policy for Insurances of this nature. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.									
I/We further agree that if proposal or any particular is filled by any other person, such person shall be deemed my/our agent and not the agent of the Company.									
Date _____				Signature of Proposer(s) _____					
Liability does not begin until this proposal has been accepted by the Company and the Premium paid, except as provided by any official cover note issued by the Company.									

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