GEMINIA INSURANCE CO. LTD
6TH FLOOR
GEMINIA INSURANCE PLAZA
KILIMANJARO AVENUE
PO BOX 61316 CITY SQUARE
NAIROBI 00200 KENYA
TELEPHONE: 2782000
FAX: 2782100
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As the statements in this application constitute warranties, complete and accurate information must be given. All questions must be fully answered in ink. Ticks and dashes may not be used except where small boxes are provided. In such cases tick the appropriate box thus: ☑

1. **LIFE TO BE ASSURED.** Please submit proof of age

Title [Mr./Mrs./Miss/Dr./Prof./Hon.]							
Name:							
Postal Address:			Code:			Town:	
Telephone Contact: Landline						Cell Phone:	
Email Address:						P.I.N.:	
Residential Address:							
Date of Birth:				Gender:		Marital Status	

2. DESCRIPTION OF PLAN

2.1 BASIC ASSURANCE REQUIRED (Description)
e.g. With Profit Whole Life Assurance_____

Table/Plan	Term of Policy (Yrs)	Premium Term (Yrs)	Sum Assured (Kshs.)

Specific premium required (to include any riders)	Entry date according to Acceptance Notice or Specific entry date required.				Age next birthday
		DD	MM	YYYY	

2.2 OPTIONS AND RIDERS
Give full details of any options or riders required

(a)	
(b)	
(c)	

2.3 PREMIUM PAYMENT FREQUENCY		**MODE OF PAYMENT**		**REMARKS**
☐	Yearly	☐	Cash	Please state below the name of agency where premiums will be paid
☐	Half - Yearly	☐	Stop Order/Bankers order	Please state below the name and branch of firm, bank or government department.
☐	Quarterly	☐	Check – Off	
☐	Monthly	☐	Mobile Transfer (Mpesa, Zap and Orange etc)	

For Official Use Only	Has the first premium plus stamps duty in respect of this application been paid?				
	YES		NO	Office/Stop Order Code	

3 (i) BENEFICIARY: Include address if not same as for the Life Assured

Persons nominated to receive Proceeds on death of life assured. A nomination may be cancelled or altered at any time.					
	Title (Mr./Mrs)	Name	Age (Yrs)	Relationship to Proposer or Life Assured	Address
1.					
2.					
3.					
4.					
If any of the above mentioned person(s) has not attained age of majority (18 years). Section 3(ii) must be completed naming guardians who must be over 18 years of age.					
(ii) GUARDIAN					
	Title (Mr./Mrs)	Name	Age (Yrs)	Relationship to Proposer or Life Assured	Address
Except as otherwise directed, the proceeds are to be divided equally among all persons who are named as beneficiaries and who survive the life assured. In case any of the beneficiaries will not have attained the age of majority, his/her share will be payable to the Guardian(s), who will be appointed by the High Court of Kenya where necessary.					

4. GENERAL Questions 4.5 to 4.11 need to be answered if the life to be assured is under the age of 10 years

Qtn No.	Details		Answer (Yes/No)
4.1	Is your life already insured with	GEMINIA INSURANCE CO. LTD	
		Any other Insurer	
4.2	Is any other application for insurance on your life now pending? (If 'Yes', please state below names of insurers and amounts)		
4.3	Has any application for or reinstatement of Life, Accident or Health Insurance ever been declined, postponed, rated up or in any way modified? If 'Yes', please state below names of insurers.		
4.4	Is this proposed assurance to replace (i) any policy which has been discontinued or made paid-up during the last 6 months; or (ii) any application to any insurer? (*Either on the life to be assured or owned by the proposer) If 'YES', please explain below) The introducer(s) must counter sign this question here irrespective of answer: _____ _____		
4.5	Occupation of the life to be assured (please describe nature of duties):_____ _____		
4.6	Name of Employer:_____		
4.7	Have you any intention of changing your present occupation (If 'YES', indicate below nature of intended new occupation		
4.8	Have you during the past five years been, or have you any intention of being employed or engaged:		
	a. At a mine of any sort? (If 'YES', please complete Mining Form and Clause)		
	b. In a viation other than as a fare-paying passenger on a scheduled airline? (If 'YES', and if unrestricted life cover is required for future flying, please complete Aviation Questionnaire)		
	c. In the liquor trade or in any hazardous occupation or activity e.g. racing of any sort, diving, parachuting, blasting, hunting. (If 'YES', please give full details below)		
4.9	Have you any intention of changing your country of residence, either temporarily or permanently? (If 'YES', please state below when, where to and for how long)		
4.10	Are there any circumstances, however trivial, in connection with your occupation, activities or residence not mentioned elsewhere in this application, which may affect the assessment of the risk? (If 'YES', please give full details below)		
4.11	If the sum assured required is Kshs.2,000,000 or more, please state below the reason for this assurance. (Details of the life to be assured assets and liabilities will also be required)		
	Question No.	Full details	
4.12	What life Insurance is now in force or lapsed on your life?		

Policy No.	Year Issued	Company	Amount	

5. STATEMENT BY THE APPLICANT MADE TO AND RECORDED BY (1) AGENT, IF NON-MEDICAL OR (2) PHYSICIAN, IF EXAMINATION REQUIRED.

Proposed Life Assured				Birth Date		
First Name	Middle Name	Last Name	ID Card/No.	Day	Month	Year

PLEASE ANSWER TO THE BEST OF YOUR KNOWLEDGE OR BELIEF

1. a. Name and address of your personal physician?_____
   (If none, so state)
   b. Date and reason last consulted? (if within the past 5 years)_____
   c. What treatment was given or medication prescribed?_____

Qtn No.	Details	Answer (Yes/No)
2.	Have you ever been treated for or ever had any known indication of: (CIRCLE APPLICABLE ITEMS)	
a.	Disease or disorder of eyes, ears, nose or throat?	
b.	Dizziness, fainting, convulsions, headache, speech defect, paralysis or stroke, mental or nervous disease or disorder?	
c.	Shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory or lung disease?	
d.	Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack or other disease of the heart or blood vessels?	
e.	Jaundice, intestinal bleeding, ulcer, hernia, appendicitis colitis, diverticulitis, hermorrhoids, recurrent indigestion, or other disease of the stomach, intestines, liver or gallbladder?	
f.	Sugar, albumin, blood or pus in urine, venereal diseases, stone or other disease of the kidney, bladder, prostrate or reproductive organs?	
g.	Diabetes, thyroid or other endocrine disease?	
h.	Neuritis, Sciatica, rheumatism, arthritis, gout, or disease or disorder of muscles or bones, including the spine, back or joints?	
i.	Deformity, lameness or amputation?	
j.	Disease of skin, lymph glands, cyst, tumor or cancer?	
k.	Allergies, anemia or other disease of the blood?	
l.	Excessive use of alcohol, tobacco or any habit-forming drugs?	
3.	Are you now under observation or taking treatment or medication for any disease or disorder?	
4.	Do you intend to seek medical advice, treatment or to have any medication for any disease or disorder?	
5.	AIDS (Acquired Immune Deficiency Syndrome) Questions:	
a.	Have you received medical advice or treatment in connection with AIDS or an AIDS-related condition or a sexually transmitted disease?	
b.	Have you been told you had AIDS-related complex?	
c.	Have you had or been told you had a positive blood test for antibodies to the AIDS virus (Human Immune Deficiency Virus)?	
d.	Do you have any of the following which are unexplained: Fatigue, Weight Loss, Diarrhoea, enlarged lymph nodes or unusual skin lesions?	
6.	Have you had any change in weight in the past year?	
7.	Have you within the past 5 years:	
a.	Had any mental or physical disease or disorder not listed above?	
b.	Had a check-up, consultation, illness, injury, surgery?	
c.	Been a patient in a hospital, clinic sanatorium or other medical facility?	
d.	Had electrocardiogram, X-ray, other diagnostic test?	
e.	Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	
8.	Have you ever had military service deferment, rejection or discharge because of a physical or mental condition?	
9 (i)	Family History: Have any of your near relatives i.e. parents, brothers or sisters, wife/husband or children suffered from: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness or committed suicide?	
(ii)	Please complete this table	

		Age of living	State of Health	Cause of death	Age at Death
	Father				
	Mother				
	Brothers				
	No. Living				
	No. Dead				
	Sisters				
	No. Living				
	No. Dead				

10.	Have you ever requested or received a pension, benefits or payment because of an injury, sickness or disability?	Yes__/ No__
11.	a. Height_____ ft _____ in or _____cm b. Weight_____ lbs or _____ kilos	
12.	FEMALES ONLY To the best of your knowledge and belief: a. Have you ever had a disorder of menstruation, pregnancy or of the female organs or breast? b. Are you now pregnant? (If "Yes", how many months?)	 Yes__ / No__ Yes__ / No__

If the answer to any question is "Yes", identify question number and include diagnosis, dates, duration, degree of recovery or results and names and addresses of all attending physicians, in the space below. Incase of question 9 (j), please state the relationship and give details also mentioning condition and approximate age at on set.

6. PROPOSER (Complete this section only if the proposer is not the life assured)

Title [Mr./Mrs./Miss/Dr./Prof./Hon.]			
Name:			
Postal Address:	Code:	Town:	
Telephone Contact: Landline		Cell Phone:	
Email Address:		Date of Birth:	
Nature of insurable Interest:			

7. DECLARATION

1. I warrant that all the information given in this application, and in all documents which have been or will be signed by me in connection with the proposed assurance, whether in my handwriting or not, is true and complete.
2. I agree that, the statement in this application and the documents mentioned above shall be the basis of the proposed contract, that any misstatement or omission therein may lead to any contract made being declared void by the Geminia Insurance Company limited and that in such event all moneys paid in respect thereof shall be forfeited.
3. I agree that no statement, whether made by myself or by the person canvassing for or handling this application or by any other person, shall be binding upon Geminia Insurance Company Limited unless the same be reduced to writing, submitted to the Head Office of the Geminia Insurance Company Limited and made part of the contract.
4. I hereby irrevocably authorize and request any doctor or other person, who may be in possession of or hereafter acquire information concerning the health of the life to be assured up to the time the proposed assurance commences to disclose such information to the Geminia Insurance Company Limited and I agree that this authority and request shall remain in force after my death as well as prior thereto.
5. I further agree that in the event of my failure to notify the Company in writing of any change in my health, habit, occupation or family history before this proposal is accepted by the Company or payment of the first premium, whichever is later, the Company will be entitled to repudiate this contract.
6. I also agree that the Company is not on risk until acceptance of the Proposal has been communicated to me in writing or a policy is issued on this proposal, provided that the first premium will have been received at the Company's Head Office.
7. I also agree that any amount paid at the time of completing this proposal form is considered to be a deposit towards the first premium, will be converted to either:
   i. Part of the first premium if less than the full premium or
   ii. Full first premium if equal to it, if the proposal is accepted by the Company.

Dated at_____ on _____ 20_____

Signature of LIFE TO BE ASSURED Signature of PROPOSER (If other than life to be assured)

Signature of FATHER or LEGAL GUARDIAN (where required) Relationship to life to be assured

INFORMATION SUPPLIED BY INTRODUCER

Name (s) of introducer(s) (also address if independent Contractor)	Codes (s)		% Split of Comm.	% Split of Figures

	YES	NO	
Is the Customer at present paying premiums - to Geminia Insurance Co. Ltd.?			
- To any other company?			Comm.
Will the life to be assured be responsible for the premium payments?			Gross Sum Assured
			Review Sum Assured