

GEMINIA INSURANCE COMPANY LIMITED
6TH FLOOR, GEMINIA PLAZA, KILIMANJARO AVENUE
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PREMIUM RATES

CLASS I (ONE)

Death	-	1.5‰ of Sum Insured
Permanent Total Disablement	-	1.1‰ of Sum Insured
Temporary Total Disablement	-	300‰ of Sum Insured
Medical Expenses	-	25‰ of Sum Insured

CLASS II (TWO)

Death	-	1.75 % of Sum Insured
Permanent Total Disablement	-	1.35‰ of Sum Insured
Temporary Total Disablement	-	375 ‰ of Sum Insured
Medical Expenses	-	30‰ of Sum Insured

CLASS III (THREE)

Death	-	2.25‰ of Sum Insured
Permanent Total Disablement	-	1.60‰ of Sum Insured
Temporary Total Disablement	-	450‰ of Sum Insured
Medical Expenses	-	35‰ of Sum Insured

CLASSIFICATION OF OCCUPATIONS

Class I - Accountant, Actuary, Architect (office duties only), Auctioneer, Banker, Barrister, Chemist (Dispensing), Civil Engineer (Consulting only), Farmer (Superintending only), Physician or Surgeon, Shopkeeper, Solicitor and similar professions and occupations.

Class II - Architect (including site visiting), Bailiff (Farm), Baker (working), Commercial traveller, Gardner, Painter (Superintending), Quarry owner (Superintending) and similar professions and occupations.

Class III - Builder (working), Contractor (working), Farmer (working), Fishmonger (working), Joiner (working), Painter (working), Veterinary, Surgeon and similar professions and occupations.

SCALE OF PERMANENT DISABLEMENT BENEFITS

Description of Permanent Disablement	Percentage of maximum Benefit payable
Permanent Total Disablement preventing from attending to employment occupation or business of any kind Whatsoever	100
Loss of both hands	100
Loss of both feet	100
Complete and irrecoverable loss of sight in both eyes	100
Loss of one hand one foot	100
Loss of one hand or one foot together with the complete and irrecoverable loss of sight in one eye	100
Complete and incurable insanity	100
Complete and incurable paralysis	100
Loss of right arm or hand	60
Loss of left arm or left hand	50
Loss of one leg or one foot	50
Complete and irrecoverable loss of sight in one eye	50
Loss of thumb of right hand	20
Loss of thumb of left hand	15
Loss of index finger of right hand	15
Loss of index finger of left hand	10
Loss of any other finger of right hand	6
Loss of any other finger of left hand	5
Loss of big toe	5
Loss of any other toe	3
Complete and irrecoverable loss of hearing in both ears	40
Complete and irrecoverable loss of hearing in one ears	10

PROPOSAL FORM FOR PERSONAL ACCIDENT
(FOR INDIVIDUAL APPLICANT)

Please answer all the questions on the form

Part A: Personal Data

Surname _____ Other Names _____

Date of Birth _____ Identity Card/Passport No. _____

Postal Address _____ Code _____ Town _____

Tel. No. _____ Email Address _____

Employer's Name _____

Profession/Occupation _____

What actual duties do you perform? (be specific) _____

Name of Beneficiary _____ Age _____

Relationship to Insured _____

If beneficiary is below 18 years, give name of appointed Guardian and address

Part B: Technical Details

Tick against your description

- Office duties
- Office duties with site visits
- Supervision and working
- Commercial traveller e.g. (sales people, drivers)
- Manual worker

1. State your:
Height _____ Weight _____

2. To the best of your knowledge are you in good health and free of any physical deformity? Yes/No
If not, give details

3. Do you suffer from:
(a) any sight or hearing impairment? Yes / No
(b) any serious injury or illness? Yes / No
If yes, give details

4. Do you engage in regular sporting activities? Yes / No
If yes, give details

N.B: The following activities are not covered unless on a special arrangement, in which case additional premium will be charged: -
Hunting, racing of any kind, mountaineering, air travel other than a passenger, winter sports, Wrestling, boxing, parachuting, rugby, polo, soccer, aquatic pursuits, motor cycling.

5. Are there circumstances connected with your occupation, health, habits or pursuits which would render the risk of Personal Accident to yourself more hazardous? Yes / No
If yes, give details

6. In your normal duties, do you use machinery of any kind? Yes / No

- If yes, give details.....
7. Do you at present have or previously held Personal Accident / Life Insurance Policy? Yes / No
If yes, give details
8. Has any proposal made to insure your life been declined by any Insurer? Yes / No
If yes, give details
9. Do you have a Medical or have you previously had a Medical Insurance cover? Yes / No
If yes, give details
10. Do you travel extensively by Air, Car or Motor Cycle in the course of your duties? Yes / No
11. Have you ever sustained any major injuries arising out of any accident? Yes / No
If yes, give details

Part C: Benefit Schedule

Indicate here-below the amount proposed for this Insurance under each benefit as per scale shown overleaf:

Section A - Death / Capital Benefits	Kshs. _____
- Permanent Total Disablement	Kshs. _____
Section B - Temporary Total Disablement (loss of income per week maximum cover 104 weeks)	Kshs. _____
Section C - Accidental Medical Expenses	Kshs. _____

Important Notice

Maximum age of applicant should be 70 years.
Insurance cover will commence only after payment has been received by the Company.

Part D: Declaration

I declare that the statements and particulars in this proposal are true to the best of my knowledge and that I have not misstated any material facts. I agree that this proposal and the details of information supplied by me shall form the basis of this Insurance.

Signature _____ day of _____ 20 _____

Name _____ Signature _____

Period of Insurance

From: To:

FEATURES OF THE PERSONAL ACCIDENT POLICY

The cover provided is wide. The risks excluded comprise mainly death or disablement:

- (a) caused by resulting from war or riot or kindred risks.
- (b) Due to intentional self injury or sustained whilst the Insured is suffering from insanity or is under the influence of intoxicants.

TRAVEL BY AIR – The Insurer’s annual policies include travel AS A PASSENGER in a fully-licensed heavier-than-air aircraft operated by a recognised Airline on a scheduled service or a fully-licensed twin or multi-engined heavier-than-air Aircraft lawfully operated on an individual charter for hire or reward.

FOREIGN TRAVEL – Policies are free from restriction as to foreign travel.

MEDICAL EXAMINATION is not required.