



# GEMINIA INSURANCE COMPANY LIMITED

6TH FLOOR GEMINIA INSURANCE PLAZA KILIMANJARO AVENUE

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## DOMESTIC PACKAGE INSURANCE 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

Names \_\_\_\_\_

Postal Address P.O.Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address \_\_\_\_\_

Fax No. \_\_\_\_\_ ID Card No. \_\_\_\_\_ PIN No. \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Profession or Occupation \_\_\_\_\_

Does any financial institution have any interest on the property? ☐ Yes ☐ No

If yes, state the name and address \_\_\_\_\_

### B. LOCATION DESCRIPTION

1) Situation of Premises: House No./ Plot No./ Street / Town \_\_\_\_\_

2) Of what material is the dwelling constructed? a) Walls \_\_\_\_\_

b) Roof \_\_\_\_\_

3) What is the height in storeys? \_\_\_\_\_

4) Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? ☐ Yes ☐ No

If yes, give particulars \_\_\_\_\_

5) Is the premises: a) A private dwelling house? ☐ Yes ☐ No

If not please explain \_\_\_\_\_

b) A self-contained flat with separate entrance exclusively under your control? ☐ Yes ☐ No

6) Is the dwelling solely in your occupation? (Include your family and servants) ☐ Yes ☐ No

7) a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? ☐ Yes ☐ No

If so, state the extent \_\_\_\_\_

b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? ☐ Yes ☐ No

If so, state the extent \_\_\_\_\_

**NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the Company.**

8) Are the buildings in good state of repair and will they be so maintained? ☐ Yes ☐ No

9) Do you wish to insure rent receivable or rent payable? ☐ Yes ☐ No

If yes, state amount and number of months for which cover is required

Amount Kshs. \_\_\_\_\_ Number of months \_\_\_\_\_

- 10) Do you wish to enhance the value of your building automatically at the end of every insurance period?

☐ Yes ☐ No

If so indicate the percentage increase required. Tick appropriate option below:

- a) Five percent (5%) ☐  
b) Ten percent (10%) ☐  
c) Fifteen percent (15%) ☐  
d) Twenty percent (20%) ☐

- 11) Please indicate the security arrangement you have put in place

Own Watchman ☐

Security Guards ☐

Any other (please specify) \_\_\_\_\_

### C. PROPERTY TO BE INSURED

#### Section A - The Buildings

The proposer's residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining there to, including Landlord's fixtures and fittings in the said building all situated as above Kshs. \_\_\_\_\_

#### Total Sum Insured on Buildings

Note: The sum Insured for the buildings should be the reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for Architects and Surveyors consultancy fees and Cost of debris removal.

#### Section B - Contents

**Note 1:** The sum Insured should be the replacement value less depreciation, wear and tear of the property.

**Note 2:** No one article (furniture excepted) shall be deemed of greater value than 5% of the total sum Insured on the contents unless such article is specifically Insured.

**Note 3:** The total value of platinum, gold and silver articles, jewellery will be deemed not to exceed one third of the total sum Insured on the said contents unless specifically agreed upon with the Insurer. If the said value exceeds this portion the total value of such property should be specified.

On furniture, household goods and personal effects of every description the property of the proposer or any member of the proposer's family normally residing with the proposer and fixtures and fittings the proposer's own or for which proposer is legally responsible, not being landlord's fixtures and fittings, in the building of the proposer's residence.

#### Option 1

Furniture	Kshs.
Household linen	Kshs.
Cutlery, Glass, Crockery	Kshs.
Pictures and ornaments	Kshs.
Photographic Equipment	Kshs.
Wine and Spirits	Kshs.
Personal Clothing	Kshs.
Jewellery and valuables (attach jewellery report valuation or any single item valued in excess of Kshs.50,000)	Kshs.
Others (specify)	Kshs.
<b>Total Sum Insured</b>	<b>Kshs.</b>

Specify here any article of greater value than 5% of the total sum Insured on the above contents

Item	Value (Kshs)

**Option 2**

Complete this option if you wish to insure each item individually. Proposer's estimate of the value of individual items making up the contents do not include a value for any item which is to be Insured under the "ALL RISKS."

Description	Make	Model	Serial Number	Value (Kshs)
Furniture				
Carpets				
Household				
Curtains				
Bed Linen				
Others				
Clothing				
Self				
Spouse				
Children				
Others				
Kitchen Equipment				
Cooker				
Gas Cylinder				
Cutlery, Crockery, Glass				
Juicers / Blenders				
Microwave Oven				
Others				
Household Appliances				
Refrigerator				
Freezer				
Dish Washer				
Washing Machine				
Vacuum Cleaner				
Pictures and Ornaments				
Wine and Spirits				
Sports Equipment				
Entertainment Equipment				
Television Set				
Home Theatre				
Radios				
CD/VCD Players				
Others (please specify)				
Photographic Equipment				
Camera				
Video Camera				
Binoculars				
Others				
Musical Equipment				
Piano				
Others				
<b>Total</b>				

**Section C - All Risks**

Note: The sum Insured should be the replacement value of the property less a deduction for wear, tear and depreciation. Please give a detailed description and state separately the value of each item as provided here below.

Description	Make	Model	Serial Number	Value (Kshs)

For any items of jewellery with sum Insured up to and in excess of Kshs.50,000 a valuation report must be submitted.



**Section D - Work Injury Benefit Act (as per WIBA Act 2007)**

Employee Type	Annual Wage	Number of Employees	Estimated Annual Wages

**Section E - Employer's Liability**

Limit of cover required (tick as appropriate)

☐ Option A☐ Option B

Any One Person

Kshs. 2,000,000

Kshs. 4,000,000

Any One Occurrence

Kshs.10,000,000

Kshs.15,000,000

Any One Year

Kshs.20,000,000

Kshs.30,000,000

Subject to deductible of Kshs.10,000 each and every claim

**Section F - Owner's Liability**

Limit of Indemnity required

☐ Kshs.1,000,000☐ Kshs.2,000,000**Section G - Occupier's and Personal Liability**

Limit of Indemnity required

☐ Kshs.1,000,000☐ Kshs.2,000,000**D. INSURANCE HISTORY**

12) Are you now or have you been Insured for this type of cover?

☐ Yes ☐ No

If yes, please give name of Insurers and Policy No. \_\_\_\_\_

13) Has any Insurance 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

c) Repudiated any claim?

☐ Yes ☐ No

If yes, to any of the above, please provide details \_\_\_\_\_

14) Have you ever suffered a loss in connection with the type of Insurance now proposed?

☐ Yes ☐ No

If so, give details \_\_\_\_\_

**Period Of Insurance** From: \_\_\_\_\_ To: \_\_\_\_\_ (both dates inclusive)

I /We hereby declare that the above answers and other particulars stated on this proposal are to the best of my/our knowledge and belief complete and true and that we have not withheld any information that might tend to influence the Company's decision regarding this proposal and I/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 me/us and Geminia Insurance Company Limited.

**Note: This proposal form shall be completed and signed by the proposer.**

Date \_\_\_\_\_ Signature &amp; Stamp of Proposer \_\_\_\_\_

Date \_\_\_\_\_ Signature &amp; Stamp of Agent \_\_\_\_\_

Agent Remarks \_\_\_\_\_

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

For Office Use Only

Examined By:.....	Date:.....
Rates:.....	Terms:.....
.....	

**Our Branches**

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