



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

Name(s) _____

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

Telephone Number(s) _____ Mobile No. _____ Email address _____

Fax Number _____ ID Card No. _____ PIN No. _____

Contact Person(s) _____

Profession / 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: Hse No./Plot Number/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? (Including 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 arrangements 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 thereto, 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, jewelry 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
Wines and Spirits	Kshs
Personal Clothing	Kshs
Jewellery and valuables (attach jewelry report valuation for any single item valued in excess of Kshs.50,000)	Kshs
Others (specify)	Kshs
Total Sum Insured	Kshs

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 Equipments				
Entertainment Equipment				
Television Set				
Home Theater				
Radios				
CD/VCD Players				
Others (please specify)				
Photographic Equipment				
Camera				
Video Camera				
Binoculars				
Others				
Musical Equipment				
Piano				
Others				
Total				

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 jewelry 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)

Please state the number of Domestic employees

Employee Type	Annual Wage	Number of Employees	Estimated Annual Wages

Section E - Employer's Liability

Limit of cover required (tick as appropriate)

	<input type="checkbox"/> Option A	<input type="checkbox"/> 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 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 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.

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

Date _____ Signature & Stamp of Proposer _____

Date _____ Signature & Stamp of Agent _____

Agents 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.....
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