



6TH FLOOR
 GEMINIA INSURANCE PLAZA
 KILIMANJARO AVENUE - UPPERHILL
 P.O. BOX 61316 CITY SQUARE
 NAIROBI 00200 KENYA
 TEL: 2782000
 FAX: (254 20) 2782100
 EMAIL: info@gemina.co.ke

QUESTIONNAIRE FOR MARINE INSURANCE CARGO

1. PROPOSER DETAILS:

Full name of proposer(s) (In Capitals) _____

Postal Address _____ Code _____ Town _____

Tel. No. _____ Email Address: _____

Profession or Occupation _____

Year Established: _____

Nature of interest in Goods: _____

2. THE CARGO:

Property to be insured including No. of Cases: _____

How Packaged: _____ Identification Marks & Nos. if known: _____

3. THE SUM INSURED:

Basis of valuation: Cost and Freight value of goods: _____
 Uplift required over C & F value: _____
 (To cover Duty, Handling Charges, Profit (Max. 10%), etc.)

Total Sum Insured:

Fragile
(Kshs).

Others
(Kshs).

Maximum value any one Vessel/Aircraft/Coveyance _____

Maximum value of any one location _____

Maximum value any one Parcel (Postal Sendings) _____

Maximum value of imports per year _____

Required if
 expected to
 have more than
 one shipment at
 risk any one
 time.

4. THE VOYAGE(S):

Country(ies) of origin: _____

Place(s) of Despatch: _____

Place(s) of Discharge: _____

Place(s) of final destination _____

Will there be transshipment? Yes/No? _____

If Yes, which port? _____

Is storage cover required? Yes/No? _____

If Yes, for how long and where? _____

The liability of the Company does not commence until acceptance of the Proposal has been intimated by the Company.

5. **MEANS OF CONVEYANCE:**

Means of conveyance: _____ Sailing or Despatch date: _____
 If Sea; Name of Vessel _____ Under Deck/on Deck _____
 If containerised goods; full container load or groupage: _____
 If road Vehicle; whose vehicle to be used and Reg. Marks: _____
 If post; are goods registered? _____

6. **COVER REQUIRED:** _____ including War, Risks, Riots and Civil Commotions
 (NB: War never covered on land)

7. **PREVIOUS INSURERS:** _____

8. **CLAIMS:** Payable in Kenya Shillings.

9. CLAIMS EXPERIENCE:	Year	Premiums	Claims Paid	Claims outstanding
		(Kshs)	(Kshs)	(Kshs)
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

10. Certificate of Insurance required; for every sending/when requested/not required.

SIGNED: _____

DATE: _____

FOR OFFICIAL USE ONLY

MARINE:	i. Basic @ _____	%Kshs. _____
	ii. Over-age @ _____	%Kshs. _____
	iii. Transhipment @ _____	%Kshs. _____
	iv. Storage @ _____	%Kshs. _____
	TOTAL @ _____	%Kshs. _____
WAR:	_____	%Kshs. _____
	TOTAL @ _____	%Kshs. _____
STAMP:	_____	Kshs. _____
	TOTAL:	Kshs. _____

The liability of the Company does not commence until acceptance of the Proposal has been intimated by the Company.