



**PUBLIC LIABILITY 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) \_\_\_\_\_

Date of Registration (for Companies) \_\_\_\_\_ Registration No. \_\_\_\_\_

Profession / Occupation \_\_\_\_\_

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

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

**B. INSURANCE DETAILS**

1) Location of Business :Name of building/Plot No/Street /Road/ Region/Town \_\_\_\_\_

2) Description of the premises \_\_\_\_\_

3) Do you own the premises?  Yes  No

4) Are you the sole occupier of the premises?  Yes  No  
 If no, supply details of other occupiers \_\_\_\_\_

5) Are the premises plant and machinery in a sound state of repair and will they be so maintained?  Yes  No

6) What business is carried out in the premises? \_\_\_\_\_

7) If the business is a Hotel, Restaurant or an entertainment club:  
 a) State seating capacity and/or membership \_\_\_\_\_

b) Whether accommodation facilities are offered?  Yes  No

c) Whether car park facilities are provided?  Yes  No

8) Limit of indemnity required  
 i) Any one claim Kshs. \_\_\_\_\_

ii) All claims arising out of one event Kshs. \_\_\_\_\_

iii) All claims arising during the Period of Insurance Kshs. \_\_\_\_\_

9) Do you use any acids, gases, chemicals, explosives, radioactive substances in connection with your business?  Yes  No

If so, give particulars of kinds and quantities and the precautions taken to reduce accidents \_\_\_\_\_

10) Do you wish to extend cover to include liability arising from the use of Lifts cranes, hoists or other lifting Apparatus?  Yes  No

11) Is property belonging to customers ever left in your premises under your custody? (**Note:** This cover does not include motor vehicles)  Yes  No

12) Will your business activities entail working away from the premises?  Yes  No  
If so, please state other work site locations \_\_\_\_\_

13) Do you wish to cover your liability in connection with your car park  Yes  No

If yes, give details of: a) Area of parking \_\_\_\_\_

b) Maximum number of cars parked at any one time \_\_\_\_\_

c) Security Provisions \_\_\_\_\_

Limit of indemnity required for Car Park Extension

i) Any one claim Kshs. \_\_\_\_\_

ii) All claims arising out of one event Kshs. \_\_\_\_\_

iii) All claims arising during the Period of Insurance Kshs. \_\_\_\_\_

14) Do you wish to cover Liability in respect of guests' personal effects arising from fire, theft or Accidental Damage?  Yes  No

Limit of indemnity required for Guest's Effects Extension

i) Any one claim Kshs. \_\_\_\_\_

ii) All claims arising out of one event Kshs. \_\_\_\_\_

iii) All claims arising during the Period of Insurance Kshs. \_\_\_\_\_

### C. INSURANCE CLAIMS HISTORY

15) Have you ever been insured for this class of insurance before?  Yes  No

If yes, please give the name of the Insurer \_\_\_\_\_

16) Are you currently insured for the type of cover proposed?  Yes  No

If yes, please give the name of the Insurer \_\_\_\_\_

17) 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 \_\_\_\_\_  
\_\_\_\_\_

18) Have you in the last three (3) years suffered a loss in connection with the type of insurance now proposed?  Yes  No

If yes, give details of:

a) Date(s) of loss \_\_\_\_\_ b) Amount(s) of loss \_\_\_\_\_

c) Cause of loss(es) \_\_\_\_\_

d) Name of the Insurance Company with which the claim(s) was made \_\_\_\_\_

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

**Cover** Indemnity against legal liability in respect of death or bodily injury to third parties or accidental loss or damage to third party property.

**Main Exclusions** Liability under contract, employees, goods in trust, via subsidence vibration demolitions, defective drains, sewers, pollution, contamination, by defective goods manufactured or supply of food or drink other than gratuitously provided, remedial advice, war, political risk, terrorism, operation of passenger lifts, cranes.

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 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.**

**Our Branches**

<b>MOMBASA</b>	<b>ELDORET</b>	<b>KISUMU</b>	<b>KISII</b>
Diamond Trust Arcade, Moi Avenue P.O. Box 80043 - 80100, Mombasa Tel: 041-2228332/2227865, Fax: 041-2228168 Mobile: 0770271739 Email: <a href="mailto:mombasa@geminia.co.ke">mombasa@geminia.co.ke</a>	Iten Road P.O. Box 7484 - 30100, Eldoret Tel: 053-2063358 Fax: 053-2062771 Mobile: 0770 271715 Email: <a href="mailto:eldoret@geminia.co.ke">eldoret@geminia.co.ke</a>	Block A, 4th Floor, Mega Plaza, Oginga Odinga Road, P.O. Box 9230 - 40100, Kisumu Tel: 057-2020722 / 2023824, Fax: 057-2020723 Email: <a href="mailto:kisumu@geminia.co.ke">kisumu@geminia.co.ke</a>	Ouru Complex Ground Floor P.O.Box 2546-40200, Kisii Tel: 058-30303 Email: <a href="mailto:kisii@geminia.co.ke">kisii@geminia.co.ke</a>

For Office Use Only

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

## **OUR PRODUCTS**

### **General Insurance**

Fire Insurance  
Loss of Profits following fire  
Terrorism & Political Violence Insurance  
Domestic Package

Marine Insurance includes piracy  
Goods in Transit Insurance

Burglary Insurance  
Money Insurance  
Fidelity Guarantee Insurance  
All Risks Insurance  
Golfers Insurance  
Bonds  
Pedal Cycle Insurance  
Plate Glass Insurance

Private Car Insurance  
Commercial Vehicle Insurance  
General Cartage Insurance  
Motor Cycle Insurance  
Work Injury Benefits Act Insurance  
Employers Liability  
Public Liability  
Product Liability  
Professional Indemnity Insurance

Personal Accident  
Group Personal Accident

Machinery Breakdown Insurance  
Loss of Profits due to Machinery Breakdown  
Contractors All Risk  
Contractors Plant & Machinery  
Erection All Risk  
Electronic Equipment Insurance

### **Life Insurance**

Geminia Term Assurance  
Geminia Whole Life Assurance Plan  
Geminia Endowment Assurance (Money Back)  
Geminia Anticipated Endowment Assurance  
Geminia Edmaster Policy (Education)  
Geminia Child Deferred Assurance  
Geminia Joint Life Assurance Plan  
Geminia Employee Benefits Scheme  
Funeral Expense

Group Life  
Mortgage Protection & Mortgage Plus  
Credit Life

Bima Yangu  
Mwavuli Policy  
GemStar Gold