



**MONEY 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**  
**Individual / Corporate Applicants:**

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 \_\_\_\_\_

**B. INSURANCE DETAILS**

**The Premises**

- 1) Situation of premises: Name of the Building/Plot number/Street/Road/City/Town/District \_\_\_\_\_
- 2) State the type of premises where the business is carried out i.e. warehouse, godown, shop, offices, factories and others \_\_\_\_\_
- 3) What are usual business hours? From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm)

**Transit Cover**

- Describe how your money is conveyed. (Tick where appropriate)
- |                                  |                          |     |                          |    |
|----------------------------------|--------------------------|-----|--------------------------|----|
| a) By employees                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) By security firm              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Police escort                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) Others (please specify) _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- 5) Which Bank do you use and its distance from the premises? \_\_\_\_\_

**Safe / Strong room**

- 6) Do you require cover for cash contained in a locked safe or strong room?  Yes  No  
 If yes, please state: -
- |   |                 |
|---|-----------------|
| a) Make of Safe or Strong room _____                    | b) Type _____   |
| c) Size _____   | d) Weight _____ |
| e) Where will it be kept? _____                         |                 |
| f) How is the safe secured and/or anchored? _____       |                 |
| g) Who has the keys/access to safe / strong room? _____ |                 |

**Fidelity Guarantee**

- 7) Do you have any Fidelity Guarantee Policy?  Yes  No  
 If yes, give details of the amounts guaranteed \_\_\_\_\_

**C. LIMITS OF COVER REQUIRED (Please attach separate schedule for more than one location)**

| No. | Full Description of each article   | Amount (Kshs) |
|-----|--|---------------|
| 1   | Money in Transit from premises to bank (or any other licensed money agents) and vice versa                       |               |
| 2   | Money on the Insured's premises during business hours.   |               |
| 3   | Money on the Insured's premises out of business hours securely locked in cabinet / drawer.                       |               |
| 4   | Money in the hands of and or at the residences of the Insured's authorized employee.                             |               |
| 5   | Money in the hands of sales persons/drivers and / or other employees authorized to collect sales money/proceeds. |               |
| 6   | National Hospital Insurance Fund and Revenue Stamps.   |               |
| 7   | Money in locked safe or strong rooms   |               |
| 8   | Value of safe or strong room   |               |
| 9   | Any other (please specify)   |               |
|     | <b>Estimated Annual Carryings</b>  |               |

**Please note that the cover is subject to an escort/transit warranty, a specimen wording below**

It is hereby declared and agreed that the following warranties will apply in respect of money in transit.

- i. Up to Kshs.300,000/=, the money shall be carried by employees of the Insured.
- ii. Exceeding Kshs.300,000/= but not more than Kshs.500,000/=, the money shall be escorted by two employees.
- iii. Exceeding Kshs.500,000/= but not more than Kshs.1,000,000/=, the money shall be transported in a motor vehicle and accompanied by two employees.
- iv. Exceeding Kshs.1,000,000/=, the money shall be transported by a professional security firm.

Further, it is a condition precedent to liability under this Policy that the said security firm shall have contracted to indemnify the Insured against losses arising out of their own employees' infidelity and the indemnity is secured by an insurance Policy to be maintained in force for the period of contract.

**D. INSURANCE /CLAIMS HISTORY**

- 8) Have you ever been insured for this class of insurance before?  Yes  No  
If yes, please give the name of the Insurer \_\_\_\_\_
- 9) Are you currently insured for the type of cover proposed?  Yes  No  
If yes, please give the name of the Insurers \_\_\_\_\_
- 10) 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 \_\_\_\_\_
- 
- 11) 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** Loss of money in transit or from described premises, loss or damage to safe/stong rooms

**Main Exclusions** Loss with involvement of employee or family member, unexplained losses, consequential losses, losses by use of keys/passwords, riot strike & civil commotion, war, terrorism, political risks.

I/We hereby agree to accept a policy subject to Policy excesses restrictions and any other terms and conditions as per the Policy to be subsequently issued by Geminia Insurance Company Limited.

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: The proposal form must 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><u>MOMBASA</u></b><br>Diamond Trust Arcade, Moi Avenue<br>P.O. Box 80043 - 80100, Mombasa<br>Tel: 041-2228332 / 2227865,<br>Fax: 041-2228168<br>Mobile: 0770 271739<br>Email: <a href="mailto:mombasa@geminia.co.ke">mombasa@geminia.co.ke</a> | <b><u>ELDORET</u></b><br>Iten Road<br>P.O. Box 7484 - 30100, Eldoret<br>Tel: 053-2063358<br>Fax: 053-2062771<br>Mobile: 0770 271715<br>Email: <a href="mailto:eldoret@geminia.co.ke">eldoret@geminia.co.ke</a> | <b><u>KISUMU</u></b><br>Block A, 4 <sup>th</sup> Floor, Mega Plaza, Oginga Odinga Road, P.O. Box 9230 - 40100, Kisumu<br>Tel: 057-2020722 / 2023824,<br>Fax: 057-2020723<br>Email: <a href="mailto:kisumu@geminia.co.ke">kisumu@geminia.co.ke</a> | <b><u>KISII</u></b><br>Ouru Complex Ground Floor<br>P.O.Box 2546 - 40200, Kisii<br>Tel: 058-30303<br>Email: <a href="mailto:kisii@geminia.co.ke">kisii@geminia.co.ke</a> |
|---|--|---|--|

For Office Use Only

|   |
|---|
| Examined<br>By:.....Date.....<br><br>Rates:.....Terms.....<br>..... |
|---|

## **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  
Mvavuli Policy  
GemStar Gold