



Republic of the Philippines  
Department of Finance  
**PHILIPPINE CROP INSURANCE CORPORATION**  
Regional Office No. \_\_\_\_\_

**APPLICATION FOR  
ACCIDENT and DISMEMBERMENT SECURITY SCHEME (ADSS)**

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone/Cell No. \_\_\_\_\_ Marital Status \_\_\_\_\_  
Name of Spouse \_\_\_\_\_ No. of Dependents \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Desired Coverage: \_\_\_\_\_ Premium: \_\_\_\_\_  
Period Of Cover:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Beneficiaries:  
Primary \_\_\_\_\_ Relationship: \_\_\_\_\_  
Secondary \_\_\_\_\_ Relationship: \_\_\_\_\_  
If minor, name of trustee: \_\_\_\_\_

If the applicant is a minor, parental consent is required: \_\_\_\_\_  
(Signature Over printed Name)

Are you a family member or a worker of a farmer who has an existing insurance coverage with the Philippine Crop Insurance Corporation (PCIC)? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If yes, please indicate below the name, address and your relationship with him/her  
\_\_\_\_\_

I hereby certify that the foregoing information is true and correct, signed in person. If the application shall be approved, the insurance shall be deemed based upon the information contained herein. I further agree that PCIC reserves the right to reject and/or void the insurance if found that there will be fraud, concealment or misrepresentation on this information.

Signed at \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_

\_\_\_\_\_  
Name & Signature of Witness

\_\_\_\_\_  
Signature of Applicant