

PHILIPPINE CROP INSURANCE CORPORATION
Regional Office No. ____

APPLICATION FOR FISHERIES INSURANCE

☐ NEW ☐ *RENEWAL

CROP _____

☐ SELF-FINANCED
☐ BORROWING

LENDER _____

DATE / /
(mm / dd / yyyy)

Sir/Madam,

I hereby apply for Fisheries/Aquaculture Insurance Coverage under the terms and conditions of the Master Policy Contract and pertinent rules and regulations of the Philippine Crop Insurance Corporation.

**NOTE: For renewal of coverage, fill-out only the information required in A, B.3 to B.8, and C.*

I. BASIC INFORMATION

A. The Fisherfolk/Grower

Last Name

First Name

Middle Name

No. & Street/Sitio

Barangay

Municipality

Province

Cellphone Number

Sex: ☐ Male / /

☐ Female

Date of Birth (mm/dd/yyyy)

Age

Bank Name

Bank Account No.

Bank Branch / Address

Civil Status: ☐ Single ☐ Married ☐ Widow/er ☐ Separated

*If married, Name of Spouse

☐ PWD: Specify

☐ Indigenous People: Tribe

Name of Legal Beneficiaries:

Age

Relationship

(a) Primary

(b) Secondary

Assignee

Reason for Assignment

B. The Farm

[use separate sheet of application paper if more than three (3) lots]

Particulars	Lot 1 ha.	Lot 2 ha.	Lot 3 ha.
B.1. Farm Location/LSP			
Sitio			
Barangay			
Municipality			
Province			
B.2. Boundaries			
North			
South			
East			
West			
B.3. Type of Aquaculture Farm/Species	(i.e., Intensive Milkfish, Extensive Tilapia, etc.)		
B.4. Culture Environment¹	() FW () BW () MW	() FW () BW () MW	() FW () BW () MW
B.5. Date of Stocking			
B.8. Stocking Density			
Stock Survival Rate			
B.6. Source of stock Name			
Address			
B.7. Stocking Density			
B.8. Date of Harvest			
B.9. Tenurial Status	() Owner () Lessee	() Owner () Lessee	() Owner () Lessee
B.10. Enclosure Type	() Fishpond () Fish cage () Fish pen	() Fishpond () Fish cage () Fish pen	() Fishpond () Fish cage () Fish pen
Size per unit			

C. The Coverage

Name of Fisherfolk/Group: _____
Source of Financing: _____
Crop: _____ Total Area (in Hectares): _____
Preferred Amount of Cover: _____

D. For PCIC use

Policy Number: _____ Date Issued: _____
Amount of Cover: _____ Premium: _____
Perils to be covered: _____
Period of Cover: From _____ To: _____
Type of Insurance: _____

II. CERTIFICATION

I hereby certify that the above information are true and correct to the best of my knowledge.

I hereby certify that the above applicant follows the BFAR Code of Practice for Aquaculture, and that, for fisheries stocks/crops already stocked at the time of application, no risk insured against has occurred.

Date: _____

Signature / Thumb Mark over Printed Name
Fisherfolk/Fish Grower - Applicant

Signature over Printed Name
Supervising Fishery Technologist/Technician

Attachments:1. Fisheries Farm Plan and Budget
2. Location Sketch Map/Control Map
3. Certified photocopy of Permit to Operate issued by BFAR/NIA/LGU or Proof of Registration in BFAR AquaR/FishR

Legends:
¹Culture Environment: FW – Freshwater BW – Brackish water MW – Marine/Salt water