

**PHILIPPINE CROP INSURANCE CORPORATION**

**Regional Office No. \_\_\_\_\_**

**FISHERIES FARM PLAN AND BUDGET**

**Name of Farmer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

☐ Borrower

☐ Self-Financed

Farm Location: \_\_\_\_\_

Area Insured (has.) \_\_\_\_\_

ACTIVITY	QUANTITY	UNIT COST	TOTAL COST	ESTIMATED DATE OF USE	
				FROM	TO
I. PRE-STOCKING/SEEDING					
A. Labor					
B. Fertilizers					
C. Chemicals					
II. STOCKING/SEEDING					
A. Labor					
B. Stocks (Size No. _____)					
III. CULTURE PERIOD					
A. STARTER PERIOD					
1. Labor					
2. Fertilizer					
3. Feeds					
B. GROWER PERIOD					
1. Labor					
2. Fertilizer					
3. Feeds					
C. FINISHER PERIOD					
1. Labor					
2. Fertilizer					
3. Feeds					
IV. OTHER EXPENSES: Please Specify					
A. _____					
B. _____					
TOTAL					

I hereby certify that the data contained herein is in accordance with the package of technology and in accordance with the Code of Practice for fisheries.

\_\_\_\_\_  
Signature/Thumbmark of Applicant

\_\_\_\_\_  
Signature of Fisheries Technologist