

PHILIPPINE CROP INSURANCE CORPORATION  
Regional Office No. \_\_\_\_

APPLICATION FOR HIGH-VALUE CROP INSURANCE

☐ NEW ☐ \*RENEWAL

CROP\_\_\_\_\_

☐ SELF-FINANCED  
☐ BORROWING

LENDER \_\_\_\_\_  
\_\_\_\_\_

DATE  /  /   
(mm / dd / yyyy)

Sir/Madam,

I hereby apply for high-value crop insurance coverage under the terms and conditions of the Master Policy Contract and 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.7, and C.*

I. BASIC INFORMATION

A. The Farmer

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. Variety			
B.4. Planting Method <sup>1</sup>	( <input type="checkbox"/> ) DS ( <input type="checkbox"/> ) TP ( <input type="checkbox"/> ) SC	( <input type="checkbox"/> ) DS ( <input type="checkbox"/> ) TP ( <input type="checkbox"/> ) SC	( <input type="checkbox"/> ) DS ( <input type="checkbox"/> ) TP ( <input type="checkbox"/> ) SC
B.5. Date of Sowing			
B.6. Date of Planting			
B.7. Date of Harvest			
B.8. Population Density			
Age Group			
No. of Hills			
B.9. Land Category <sup>2</sup>	( <input type="checkbox"/> ) IR ( <input type="checkbox"/> ) RF ( <input type="checkbox"/> ) UL	( <input type="checkbox"/> ) IR ( <input type="checkbox"/> ) RF ( <input type="checkbox"/> ) UL	( <input type="checkbox"/> ) IR ( <input type="checkbox"/> ) RF ( <input type="checkbox"/> ) UL
B.10. Soil Type <sup>3</sup>	( <input type="checkbox"/> ) CL ( <input type="checkbox"/> ) SCL ( <input type="checkbox"/> ) SiL ( <input type="checkbox"/> ) SaL ( <input type="checkbox"/> ) Others	( <input type="checkbox"/> ) CL ( <input type="checkbox"/> ) SCL ( <input type="checkbox"/> ) SiL ( <input type="checkbox"/> ) SaL ( <input type="checkbox"/> ) Others	( <input type="checkbox"/> ) CL ( <input type="checkbox"/> ) SCL ( <input type="checkbox"/> ) SiL ( <input type="checkbox"/> ) SaL ( <input type="checkbox"/> ) Others
B.11. Topography	( <input type="checkbox"/> ) Flat ( <input type="checkbox"/> ) Rolling ( <input type="checkbox"/> ) Hilly	( <input type="checkbox"/> ) Flat ( <input type="checkbox"/> ) Rolling ( <input type="checkbox"/> ) Hilly	( <input type="checkbox"/> ) Flat ( <input type="checkbox"/> ) Rolling ( <input type="checkbox"/> ) Hilly
B.12. Source of Irrigation <sup>4</sup>	( <input type="checkbox"/> ) NIA/CIS ( <input type="checkbox"/> ) DW ( <input type="checkbox"/> ) SWIP ( <input type="checkbox"/> ) STW	( <input type="checkbox"/> ) NIA/CIS ( <input type="checkbox"/> ) DW ( <input type="checkbox"/> ) SWIP ( <input type="checkbox"/> ) STW	( <input type="checkbox"/> ) NIA/CIS ( <input type="checkbox"/> ) DW ( <input type="checkbox"/> ) SWIP ( <input type="checkbox"/> ) STW
B.13. Tenurial Status	( <input type="checkbox"/> ) Owner ( <input type="checkbox"/> ) Lessee	( <input type="checkbox"/> ) Owner ( <input type="checkbox"/> ) Lessee	( <input type="checkbox"/> ) Owner ( <input type="checkbox"/> ) Lessee

C. The Coverage

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: ☐ Tree Mortality ☐ Yield Insurance

II. CERTIFICATION

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

Signature / Thumb Mark over Printed Name

Farmer - Applicant

I hereby certify that the above farmer-applicant follows the GAP<sup>5</sup>, and that, for crop already planted at the time of application, no risk insured against has occurred.

Date: \_\_\_\_\_

Signature over Printed Name

Supervising Agricultural Technologist/Account Officer

Legends:

<sup>1</sup>Planting Method:  
(1) DS – Direct Seeding  
(2) TP – Transplanting  
(3) SC – Standing Crop

<sup>2</sup>Land Category:  
(1) IR – Irrigated  
(2) RF – Rainfed  
(3) UL – Upland

<sup>3</sup>Soil Type:  
(1) CL – Clay Loam  
(2) SCL – Silty Clay Loam  
(3) SiL – Silty Loam  
(4) SaL – Sandy Loam

<sup>4</sup>Source of Irrigation:  
(1) NIA/CIS – National Irrigation Administration/  
Communal Irrigation System  
(2) DW – Deep Well  
(3) SWIP – Small Water Impounding Project  
(4) STW – Shallow Tube Well

<sup>5</sup>GAP  
Good Agricultural Practice