

APPLICATION FORM FOR LIVESTOCK MORTALITY INSURANCE[] **COMMERCIAL COVER** [] **NON-COMMERCIAL COVER** [] **SPECIAL COVER**

Name of Farmer			
Indigenous People	[] Yes [] No	Tribe	
PWD	[] Yes [] No		
Name of Spouse			
Address			
Farm Address			
Contact Number			

I. Type of animal (Choose one only):

[] Cattle [] Carabao [] Swine [] Poultry
 [] Horse [] Goat [] Other Specify

II. Purpose (Choose one only):

[] Fattening [] Draft [] Broilers [] Pullets
 [] Breeding [] Dairy [] Layers [] Parent Stock

III. Description of Animals to be insured:

No. of heads/Birds		Age	Breed	Ear Mark/ Tag No.	Basic Color	Proof of Ownership for Cattle, Carabao and Horse only
Male	Female					

Total number of heads for enrollment: _____

Source of Stock : _____

No. of Housing Units : _____

No. of Birds per Housing Units : _____

Date of Purchase : _____

IV. Coverage:

1. Desired Sum Insured per head P _____

2. Total Sum Insured P _____

3. Extended Coverage for Epidemic Diseases :

3.1 _____

3.2 _____

3.3 _____

Assignee : _____

Address : _____

Contact No.: _____

Date : _____

Name of Proponent