



Republic of the Philippines
Department of Finance
PHILIPPINE CROP INSURANCE CORPORATION
Regional Office No. _____

**APPLICATION & HEALTH STATEMENT
LOAN REPAYMENT PROTECTION PLAN (LRPP)**

Name _____ Civil Status _____ Sex _____
Address _____ Date of Birth _____ Age _____
Occupation & Livelihood _____ Place of Birth _____
Amount of Loan _____ Term of Loan _____
Beneficiaries/:Primary: _____ Relationship _____ Age: _____
Secondary: _____ Relationship _____ Age: _____
Trustee (if beneficiary is minor) _____

Please answer the following questions:

		Yes	No	If yes, give details of diagnosis, duration, names and addresses of Medical Institutions; name of attending Physician and medication and treatment
1	Have you suffered or sustained any illness or injury, consulted a physician or been hospitalized during the last five (5) years?			
2	Have you been treated for or told, you have heart disease, high blood pressure, diabetes, kidney disease, liver disease, urino-genital disease, lung disease, cancer, ulcer, or any other serious disorders?			
3	Have you ever had or been advised to have any surgical operations?			
4	Are you now in good health and free from disease or injury and actively at work?			

I hereby certify that the foregoing answers and statements are complete, true and correct, signed in person. If the application be approved, the insurance shall be deemed based upon the statements 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 statement material to the risk.

Signed at _____ on this _____ day of _____, 200____.

Signature of Witness

Signature of Applicant

To be filled-up by Lender

Lender : _____

Amount of Loan _____ Interest Charges: _____ Sum Insured: _____

Date Released _____ Maturity Date _____

Premium Paid _____ Status () New () Re-loan

Date

Name & Signature of Authorized LI's Official