

PHILIPPINE CROP INSURANCE CORPORATION
NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

PCIC Regional Office No. _____
Address: _____
Tel No.: _____

FIRE INSURANCE APPLICATION FORM

NAME OF APPLICANT : _____
Last Name First Name Middle Name

ADDRESS : _____

CONTACT NO. : _____

SEX : [] MALE [] FEMALE CIVIL STATUS : [] SINGLE [] MARRIED [] WIDOW/ER [] SEPARATED

MORTGAGEE (IF ANY) : _____

ADDRESS : _____

PROPERTY/ASSET REQUIRING : _____
INSURANCE

Insurance Required	Estimated Present Value	Insurance in Force
(P)	(P)	(In Pesos) Company

☐ Bldg. Occupied as : _____

☐ Stock-in-trade consisting of : _____

☐ Machinery/Eqt. Used for : _____

☐ Furniture & Fixtures : _____

☐ Others : _____

Total Insurance Required : _____

LOCATION OF PROPERTY TO BE INSURED : _____

Lot/Bldg. No.	Street	City/Barrio
Municipality		Province

INSURANCE REQUIREMENT PERIOD

From 4:00 P. M. _____ 20__ To 4:00 P.M. _____ 20__
Date Covering Insurance

CHECK BOX IF APPLICABLE

☐ Had a fire loss in this or other premises _____

☐ Had a policy or fire insurance cancelled _____

☐ Had this risk declined by other Company _____

I /WE HEREBY DECLARE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF THE FOREFOING QUESTIONS ARE ANSWERED THRUTHFULLY AND CORRECTLY,THAT I/WE WILL NOT EFFECT INSURANCE ADDITIONAL TO THAT REPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING, (A) THE INSURANCE APPLIED FOR, (b) THE SUBJECT THEREOF, OR (c) MY/OUR INTEREST IN THE PROPERTY TO BE COVERED; AND I/WE HEREBY PROPOSE TO EFFECT AN INSURANCE WITH YOUR COMPANY SUBJECT TO YOUR USUAL POLICY TERMS AND CONDITIONS.

DATE

Signature of Applicant/s