

PHILIPPINE CROP INSURANCE CORPORATION
NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

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

PROPERTY FLOATER INSURANCE APPLICATION FORM

NAME OF APPLICANT: _____
Last Name First Name MiddleName

ADDRESS: _____

CONTACT NO. _____

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

DESCRIPTION AND USAGE
PROPERTY FLOATER TO BE
INSURED : _____
MOTOR NO. : _____
CHASSIS NO. : _____
USAGE : _____
OTHERS : _____

LOCATION OF PROPERTY
FLOATER : _____

DESIRED SUM INSURED P _____

PERIOD OF COVER From: _____ To: _____

MORTGAGE TO : _____
BRANCH _____
ADDRESS _____

If available, please attach a copy of DELIVERY RECEIPT and/or OFFICIAL RECEIPT of purchase of the above property floater,
or a copy of bank's Appraisal Report.

(SIGNATURE OVER PRINTED
NAME OF THE APPLICANT)

REVIEWED BY:

ACCOUNT OFFICER

DATE : _____