

PHILIPPINE CROP INSURANCE CORPORATION
NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

PCIC Regional Office No. _____

Address: _____

Tel No.: _____

FISHING BOAT INSURANCE APPLICATION FORM

NAME OF APPLICANT:

Last Name

First Name

MiddleName

NAME OF FISHERMEN ASSOCIATION: _____

ADDRESS _____

NAME OF SPOUSE: _____

CONTACT NO. _____

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

BENEFICIARY: _____

RELATION: _____

DESCRIPTION OF PROPERTY
TO BE INSURED

TYPE OF BOAT:

☐ motorized

☐ non-motorized

TYPE OF MATERIAL/MAKE:

☐ wooden hull

☐ fiberglass hull

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 fishing boat, or a copy of bank's Appraisal Report.

(SIGNATURE OVER PRINTED
NAME OF THE APPLICANT)

REVIEWED BY:

ACCOUNT OFFICER

DATE : _____