

PHILIPPINE CROP INSURANCE CORPORATION
NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

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

FISHING GEAR INSURANCE APPLICATION FORM

NAME OF APPLICANT: _____
Last Name First Name MiddleName

NAME OF FISHERFOLK ASSOCIATION: _____

ADDRESS : _____

CONTACT NO. : _____ DATE OF BIRTH (mm/dd/yyyy): _____

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

NAME OF SPOUSE : _____

ASSIGNEE/BENEFICIARY : _____ RELATION: _____

TYPE AND QUANTITY OF FISHING
GEAR TO BE INSURED : _____

DESCRIPTION OF GEAR : _____

ACQUISITION DATE : _____ USEFUL LIFE: _____

LOCATION OF FISHING GEAR
TO BE INSURED : _____

DESIRED SUM INSURED : _____ PhP

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

Signature / Thumb Mark over Printed Name
Applicant

DATE :

REVIEWED BY:

Signature over Printed Name
Supervising Fishery Technologist/Account Officer
DATE :