

PHILIPPINE CROP INSURANCE CORPORATION  
NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

PCIC Regional Office No. \_\_\_\_\_

Address: \_\_\_\_\_

Tel No.: \_\_\_\_\_

**FISH CAGE/PEN/POND 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: \_\_\_\_\_

DESCRIPTION OF FISHERY PROPERTY

☐ FISH CAGE

TYPE/DESIGN : ☐ Circular ☐ Rectangular ☐ Other: \_\_\_\_\_

MATERIALS : ☐ HDPE/Plastic ☐ Bamboo/Wood ☐ Other: \_\_\_\_\_

MEASUREMENTS : Length (m) \_\_\_\_\_ Width (m) \_\_\_\_\_ Depth (m) \_\_\_\_\_

YEAR MANUFACTURED/  
ESTABLISHED : \_\_\_\_\_ USEFUL LIFE: \_\_\_\_\_

☐ FISH POND

TYPE/DESIGN : \_\_\_\_\_

MATERIALS : \_\_\_\_\_

MEASUREMENTS/AREA: Length (m) \_\_\_\_\_ Width (m) \_\_\_\_\_ Depth (m) \_\_\_\_\_

YEAR MANUFACTURED/  
ESTABLISHED : \_\_\_\_\_ USEFUL LIFE: \_\_\_\_\_

☐ FISH PEN

TYPE/DESIGN : \_\_\_\_\_

MATERIALS : \_\_\_\_\_

MEASUREMENTS/AREA: Length (m) \_\_\_\_\_ Width (m) \_\_\_\_\_ Depth (m) \_\_\_\_\_

YEAR MANUFACTURED/  
ESTABLISHED : \_\_\_\_\_ USEFUL LIFE: \_\_\_\_\_

LOCATION OF PROPERTY  
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 fishery property, 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 : \_\_\_\_\_