

PHILIPPINE CROP INSURANCE CORPORATION
Region _____

APPLICATION FOR CROP INSURANCE
(Individual Application)

☐ NEW ☐ *RENEWAL

<input type="checkbox"/> RICE	<input type="checkbox"/> SELF-FINANCED	LENDER _____	DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> CORN	<input type="checkbox"/> BORROWING	_____	(mm / dd / yyyy)

Sir/Madam,
I hereby apply for crop insurance coverage under the terms and conditions of the Master Policy Contract and Rules and Regulations of the Philippine Crop Insurance Corporation.

****NOTE:** For renewal of coverage, fill-out only the information required in B.3 to B.7. and C.*

I. BASIC INFORMATION

A. The Farmer

Last Name

First Name

Middle Name

No. & Street/Sitio

Barangay

Municipality

Province

Cell phone Number

Sex: ☐ Male ☐ Female

/ /

Date of Birth (mm/dd/yyyy)

Age _____

Bank Name _____

Bank Account No. _____

PWD: ☐ Specify: _____

Indigenous People: ☐ Specify: _____

Civil Status: ☐ Single ☐ Married ☐ Widow/er ☐ Separated

Bank Branch / Address _____

*If married, Name of Spouse _____

Age _____

Relationship _____

Name of Legal Beneficiaries: _____

Age _____

Relationship _____

B. The Farm [use separate sheet of application paper if more than three (3) lots]

Particulars	Lot 1 _____ ha.	Lot 2 _____ ha.	Lot 3 _____ ha.
B.1. Farm Location/LSP			
Sitio			
Barangay			
Municipality			
Province			
B.2. Boundaries			
North			
South			
East			
West			
B.3. Variety			
B.4. Planting Method ¹	() DS () TP	() DS () TP	() DS () TP
B.5. Date of Sowing			
B.6. Date of Planting			
B.7. Date of Harvest			
B.8. Land Category ²	() IR () RF () UL	() IR () RF () UL	() IR () RF () UL
B.9. Soil Type ³	() CL () SCL () SiL () SaL () Others	() CL () SCL () SiL () SaL () Others	() CL () SCL () SiL () SaL () Others
B.10. Topography	() Flat () Rolling () Hilly	() Flat () Rolling () Hilly	() Flat () Rolling () Hilly
B.11. Source of Irrigation ⁴	() NIA/CIS () DW () SWIP () STW	() NIA/CIS () DW () SWIP () STW	() NIA/CIS () DW () SWIP () STW
B.12. Tenurial Status	() Owner () Lessee	() Owner () Lessee	() Owner () Lessee

C. The Coverage

Crop: ☐ RICE ☐ CORN

Type of Cover: ☐ MULTI-RISK ☐ NATURAL DISASTER

Amount of Cover: _____ Premium: _____

CLTIP – ADSS: _____

Sum Insured (SI): _____ Premium: _____

D. For PCIC use:

Phase: Rice: Wet _____ Dry _____

Corn: A. _____ B. _____

CIC No.: _____

Date Issued: _____

COC No.: _____

Date Issued: _____

Period of Cover: From _____ To _____

II. CERTIFICATION

I hereby certify that the above information are true and correct to the best of my knowledge.

Signature / Thumb Mark over Printed Name

Farmer - Applicant

I hereby certify that the above farmer-applicant follows POT/GAP⁵, and that, for crop already planted at the time of application, no risk insured against has occurred.

Signature over Printed Name

Supervising Agricultural Technologist/Account Officer

Date: _____

Legends:
¹Planting Method: (1) DS – Direct Seeding (2) TP – Transplanting
²Land Category: (1) IR – Irrigated (2) RF – Rainfed (3) UL – Upland
³Soil Type: (1) CL – Clay Loam (2) SCL – Silty Clay Loam (3) SiL – Silty Loam (4) SaL – Sandy Loam
⁴Source of Irrigation: (1) NIA/CIS – National Irrigation Administration/ Communal Irrigation System (2) DW – Deep Well (3) SWIP – Small Water Impounding Project (4) STW – Shallow Tube Well
⁵POT/GAP Package of Technology/ Good Agricultural Practice