

**APPLICATION FORM FOR LIVESTOCK MORTALITY INSURANCE**

[ ] COMMERCIAL COVER [ ] NON-COMMERCIAL COVER [ ] SPECIAL COVER

Name of Farmer			
Indigenous People	[ ] Yes [ ] No	Tribe	
PWD	[ ] Yes [ ] No		
Name of Spouse			
Address			
Farm Address			
Contact Number			

**I. Type of animal (Choose one only):**

[ ] Cattle                      [ ] Carabao                      [ ] Swine                      [ ] Poultry  
 [ ] Horse                      [ ] Goat                      [ ] Other Specify

**II. Purpose (Choose one only):**

[ ] Fattening                      [ ] Draft                      [ ] Broilers                      [ ] Pullets  
 [ ] Breeding                      [ ] Dairy                      [ ] Layers                      [ ] Parent Stock

**III. Description of Animals to be insured:**

No. of heads/Birds		Age	Breed	Ear Mark/ Tag No.	Basic Color	Proof of Ownership for Cattle, Carabao and Horse only
Male	Female					

**Total number of heads for enrollment:** \_\_\_\_\_

Source of Stock : \_\_\_\_\_

No. of Housing Units : \_\_\_\_\_

No. of Birds per Housing Units : \_\_\_\_\_

Date of Purchase : \_\_\_\_\_

**IV. Coverage:**

1. Desired Sum Insured per head P \_\_\_\_\_

2. Total Sum Insured P \_\_\_\_\_

3. Extended Coverage for Epidemic Diseases :

3.1 \_\_\_\_\_

3.2 \_\_\_\_\_

3.3 \_\_\_\_\_

Assignee : \_\_\_\_\_

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

Contact No.: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
**Name of Proponent**