



Application Form

(Use separate sheet if necessary)

Name of Applicant : _____

Registered Business Name : _____

Business Address : _____

Telephone No. : _____

Type of Business : _____ **Desired Effectivity Date :** _____

Location of Property to be Insured : _____

Are you the: **Property/Building Owner** **Tenant**

Sum Insured :

Building : Php _____ **Machinery & Equipment:** Php _____

Contents : Php _____ **Stocks in Trade:** Php _____

Furniture, Fixtures, & Fittings: Php _____ **Others:** Php _____ **TOTAL:** Php _____

Boundaries (Beyond your perimeter wall; facing streets/Commercial Building Walkway):

Front : _____

Rear : _____

Left : _____

Right : _____

Coverage	Desired Sum Insured
Property Insurance	Php
Comprehensive General Liability	Php
Burglary and Housebreaking	Php
Personal Accident Insurance	Php
Electronic Equipment Insurance	Php
Money, Securities and Payroll	Php
Business Interruption	Php
Fidelity Guarantee	Php

Employees Applied for Personal Accident	
Names	Beneficiary (should be nearest of kin)
a.	
b.	
c.	
d.	

Employees Applied for Fidelity Guarantee	
Names	Position
a.	
b.	
c.	
d.	

I hereby apply for BUSINESS PROTECT and warrant that the above statements and answers submitted for consideration by the company are full, complete and true. I agree that this application form shall be the basis of any Policy to be issued by the company and that any material misrepresentation made herein shall bar my right to recover.

Signature: _____

Date: _____

This cover only attaches upon issuance of the policy.
Fax this form to 241-1205 / 241-1488.