



Application Form

(Use separate sheet if necessary)

Name of Insured : _____

Home Address : _____

Telephone No. : _____

Civil Status : _____ Age : _____

Date of Birth : _____ No. of Children : _____

Home Ownership : Owned Rented

Name of Company : _____

Address : _____

Position : _____ Telephone No. : _____

Sum Insured: Structure: Php _____ Contents: Php _____ Total: Php _____

Description of the Home:

Number of Storeys:

- | | |
|---|---|
| <p>Exterior Walls:</p> <p><input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Timber</p> <p>Roof:</p> <p><input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Timber</p> <p><input type="checkbox"/> G.I. Sheets</p> | <p><input type="checkbox"/> Part Concrete/Timber</p> <p><input type="checkbox"/> Others (Pls. Specify): _____</p> <p><input type="checkbox"/> Plastic material</p> <p><input type="checkbox"/> Ceramic Materials/Tiles</p> <p><input type="checkbox"/> Others (Pls. Specify): _____</p> |
|---|---|

Boundaries (Beyond your perimeter wall; facing streets):

Front : _____

Rear : _____

Left : _____

Right : _____

Do you want to include Burglary and Housebreaking in your property insurance?

(If yes, please furnish Malayan evidence of value)

- Yes / How much? (denominations of Php 100,000 only) _____
- No

Family Members Applied for Personal Accident	
Name / Relationship	Date of Birth
a.	
b.	
c.	
d.	

Family Members Applied for Hospitalization	
Name	Date of Birth
a.	
b.	
c.	
d.	

Household Helpers Applied for PA and Hospitalization	
Name	Date of Birth
a.	
b.	
c.	
d.	

Do you want to include Valuable Items Insurance in your property insurance?

(If yes, please furnish Malayan evidence of value)

- Yes / How much? (denominations of Php 100,000 only)
- No

I hereby apply for HOME 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.