

INSURANCE APPLICATION FORM

Name of Insured: _____

Home Address: _____

Telephone No.: _____ Date of Birth: _____

Civil Status: _____ No. of Children: _____

Registered Business Name: _____

Address where Insured Items Are Located: _____

Position: _____ Telephone No: _____

Description of Photographic Equipment:

Equipment Model	Serial Number	Market Value

- Use additional sheets if necessary

Total sum insured: _____

* Premium for 1st P 100,000.00 minimum sum insured is P 4,000.00

** Premium for every succeeding P 25,000 sum insured is P 700.00

Personal Accident Insurance Coverage:

1st Assistant's Name: _____ 2nd Assistant's Name: _____

Position: _____ Position: _____

Date of Birth: _____ Date of Birth: _____

Declared Portfolio:

Title	Description	Dimension	Material

I hereby apply for Photo RX Insurance and warrant that the above statements and answers submitted for consideration by the Company are full, complete and true. I agree that this proposal and declaration 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 cover

Signature: _____ Date: _____

For more information, please call Malayan Insurance at 242-8888 local 281