



**INSURANCE APPLICATION FORM**

**Name of Insured:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Registered Business Name:** \_\_\_\_\_

**Address where Insured Items Are Located:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**Description of Photographic Equipment:**

| <b>Equipment Model</b> | <b>Serial Number</b> | <b>Market Value</b> |
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**Personal Accident Insurance Coverage:**

**Beneficiary:** \_\_\_\_\_

I hereby apply for **Photo RX lite** 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.