

**APPLICATION FORM**  
**MyBiz Protect – Essentials**

1. Name of Applicant: \_\_\_\_\_
2. Business Name: \_\_\_\_\_
3. Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone/Fax Number: \_\_\_\_\_
5. Nature of Business: \_\_\_\_\_
6. Estimated Annual  
Income/Profit: \_\_\_\_\_
7. Area of Space Occupied \_\_\_\_\_

**Coverage Applied for:**

<b>Basic Cover (per 1 Unit)</b>	<b>Sum Insured</b>
Public Liability Coverage	
Premises Liability	P100,000
Fire Legal Liability	100,000
Tenant's Legal Liability	100,000
per person	2,000
per occurrence	50,000
Money, Securities and Payroll (Inside & Outside Coverage) (per occurrence and aggregate limit combined for Inside and outside premises)	P50,000
Fidelity Guarantee Coverage (per occurrence and aggregate limit combined for all declared employees)	P50,000
Burglary and Housebreaking Coverage (per occurrence and aggregate limit)	P50,000
Keyman Personal Accident Accidental Death/ Disablement Accident Medical Reimbursement Daily Hospital Income Benefit due to accident (max of 30 days)	
<b>Annual Premium</b>	<b>P1,850</b>

Number of Units Applied for: \_\_\_\_\_ Total Premium: \_\_\_\_\_

*The liability of the company does not commence until this proposal has been accepted, the policy is issued and the premium is paid.*

## MONEY, SECURITIES, AND PAYROLL COVERAGE

(please use separate sheet if necessary)

### A. Coverage Inside Premises

Location of Premises	with vault	with CCTV camera	with burglar alarm	with curtain glass	with double lock	with steel shutter	No. of security guards

### B. Coverage Outside Premises

Money Routes	Frequency of Shipment	Mode of Conveyance	No. of Armored cars/ private cars used	Person/ Position conveying money	No. of Security guards

### C. Loss experience (for the last five (5) years)

NATURE OF LOSS	AMOUNT OF LOSS	LOSS DETAILS	MEASURES UNDERTAKEN TO PREVENT RECURRENCE OF LOSS
<b>PLEASE USE SEPARATE SHEET IF NECESSARY</b>			

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**FIDELITY GUARANTEE COVERAGE** (please use separate sheet if necessary)

A. Name of Employees applied for:

Name	Position	Status (e.g. regular, probationary, contractual)

B. Loss experience (for the last five (5) years)

NATURE OF LOSS	AMOUNT OF LOSS	LOSS DETAILS	MEASURES UNDERTAKEN TO PREVENT RECURRENCE OF LOSS
<b>PLEASE USE SEPARATE SHEET IF NECESSARY</b>			

**KEYMAN PERSONAL ACCIDENT**

Name of Employee applied for

Name	Position	Date of Birth	Beneficiary

**OPTIONAL COVER SET 1 : Accident Insurance for Employees**

- Accidental Death and Disablement      P100,000/ employee
- Accident Medical Reimbursement      10,000/employee

Name	Position	Date of Birth	Beneficiary
<b>PLEASE USE SEPARATE SHEET IF NECESSARY</b>			

Note: Age eligibility for Keyman Personal Accident and Accident Insurance for Employees is 18 to 64 years old.

Annual Premium per employee                   : P100  
 No. of Employees covered                       : \_\_\_\_\_  
 Total Premium for Optional Cover Set 1   : \_\_\_\_\_

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I hereby apply for MyBiz Protect – Essentials and warrant that the above information submitted for consideration by the Company are full, complete, and true based on my own personal knowledge. 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 against the Company.

Signature: \_\_\_\_\_

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

This covers only attaches upon issuance of the policy. For more information, please contact your RCBC Relationship Manager.

**DATA PRIVACY** I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share my personal information to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, investigators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, investment, data analytics, statistical analysis, risk analysis/assessment/management, financial and tax monitoring/review/reporting, protection against fraud, errors, or misrepresentations, profiling, research, due diligence, company evaluation, studies/customer satisfaction surveys, and compliance with legal, regulatory or contractual requirements. Further, I agree that Malayan may notify and offer me any of its products and services that may be useful to me. In furtherance of these purposes, my personal information, unless prohibited, may be processed outside the Philippines and be subject to different data protection standards.

**AUTHORITY TO DISCLOSE** I hereby authorize Malayan to grant the members of the Yuchengco Group of Companies (YGC), their and Malayan's affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations, and other third parties access to my personal information, including this form, for purposes of marketing, sales or promotional information campaigns, and provision of any products, services, or offers through mail/email/SMS/telephone, or any type of electronic facility.

**AUTHORITY TO VERIFY INFORMATION** I also authorize Malayan to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

**RIGHTS OF THE DATA SUBJECT** I acknowledge that I have the right to access the given information and I undertake to correct, rectify or supplement the same should any information be found to be inaccurate or incomplete. I shall notify Malayan in writing of any changes in the information given above.

**UNDERTAKING** I hereby warrant that all personal information given by me are true, correct, updated to the best of my knowledge, and freely and voluntarily given to Malayan. I agree and consent that the above information are being collected, used, processed and recorded for purposes of securing insurance protection or any other business transaction(s) with Malayan and for other purpose as indicated herein.

If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I have been duly authorized to perform such acts and permitted to give their information to Malayan. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product or services from Malayan of all the terms and conditions herein. I will hold Malayan, directors, officers, employees, agents, successors and assigns free and harmless from any liability that may arise as a result of the authorization given above.

By signing this form, I hereby certify that I have read and understood the foregoing and this consent remains valid and binding unless I submit a written notice to Malayan revoking or altering the same.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON  
OVER PRINTED NAME

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