

MICO BAC FNAC

CLIENT NAME

NO. STREET SUBDIVISION / VILLAGE BARANGAY
ADDRESS MUNICIPALITY / CITY PROVINCE ZIP CODE

PHONE NUMBER/S COUNTRY OF ORIGIN VAT REGISTERED? YES NO

NAME OF AUTHORIZED REPRESENTATIVE	NAME OF CONTACT PERSON
POSITION	POSITION
CONTACT NO.	CONTACT NO.
E-MAIL ADDRESS	E-MAIL ADDRESS

Would you like to receive your policy and notifications in e-format thru e-mail? YES NO

NATURE OF BUSINESS

- | | |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry & Fishing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Real Estate Activities | <input type="checkbox"/> Financial & Insurance Activities |
| <input type="checkbox"/> Information & Communication | <input type="checkbox"/> Mining & Quarrying |
| <input type="checkbox"/> Transportation & Storage | <input type="checkbox"/> Human Health & Social Work Activities |
| <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Professional, Scientific & Technical Activities |
| <input type="checkbox"/> Accommodation & Food Services | <input type="checkbox"/> Public Administration & Defense, Compulsory Social Security |
| <input type="checkbox"/> Electricity, Gas, Steam & Air Conditioning Supply | <input type="checkbox"/> Water Supply; Sewerage, Waste Management & Remediation Activities |
| <input type="checkbox"/> Administrative & Support Service Activities | <input type="checkbox"/> Activities of Extraterritorial Organizations & Bodies |
| <input type="checkbox"/> Wholesale & Retail Trade, Repair of Motor Vehicles & Motorcycles | <input type="checkbox"/> Other Service Activities _____ |
| <input type="checkbox"/> Activities of Households as employers; undifferentiated goods-and-services producing activities of households for owns use | |

CORPORATE GROUP AFFILIATION, if any

TAX IDENTIFICATION NUMBER (TIN)

PRINCIPAL STOCKHOLDERS/PARTNERS as of _____ (Date)

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

LIST OF DIRECTORS as of _____ (Date)

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

PARTICULARS OF PROPERTY TO BE INSURED

NO. STREET SUBDIVISION / VILLAGE BARANGAY
LOCATION OF PROPERTY MUNICIPALITY / CITY PROVINCE ZIP CODE

I AM: OWNER LESSEE MORTGAGEE IF ANY:

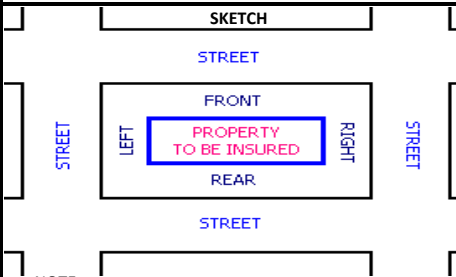
IS PROPERTY SOLELY OCCUPIED AS RESIDENCE? YES NO NUMBER OF FAMILIES OCCUPYING THE PROPERTY 4 OR LESS 5 OR MORE

<p>EXTERIOR WALLS</p> <p>FRONT SIDE <input type="checkbox"/> CONCRETE <input type="checkbox"/> TIMBER <input type="checkbox"/> PART CONCRETE/TIMBER <input type="checkbox"/> OTHERS _____</p> <p>RIGHT SIDE <input type="checkbox"/> CONCRETE <input type="checkbox"/> TIMBER <input type="checkbox"/> PART CONCRETE/TIMBER <input type="checkbox"/> OTHERS _____</p> <p>LEFT SIDE <input type="checkbox"/> CONCRETE <input type="checkbox"/> TIMBER <input type="checkbox"/> PART CONCRETE/TIMBER <input type="checkbox"/> OTHERS _____</p> <p>REAR SIDE <input type="checkbox"/> CONCRETE <input type="checkbox"/> TIMBER <input type="checkbox"/> PART CONCRETE/TIMBER <input type="checkbox"/> OTHERS _____</p>	<p>NO. OF STOREYS</p> <p>ROOF <input type="checkbox"/> CONCRETE <input type="checkbox"/> GI SHEETS</p> <p><input type="checkbox"/> TILES <input type="checkbox"/> TIMBER</p> <p><input type="checkbox"/> OTHERS (specify) _____</p>
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DESCRIPTION OF BOUNDARIES AND SURROUNDING PROPERTIES

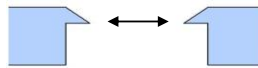
Use the sketch as your guide.

PROPERTY / STREET whichever is applicable	NO. OF STOREYS	DISTANCE (Meters)	EXTERIOR WALLS				OCCUPIED SOLELY AS RESIDENCE?
			CONCRETE	TIMBER	CONCRETE/TIMBER	OTHERS	
FRONT:							
RIGHT:							
LEFT:							
REAR:							



NOTE:
1. Boundaries/directions are based on the position where a person is standing at the main door/entrance facing outwards.
For location identification, please indicate immediate surrounding streets as projected above.

*Distance from property to be insured should be measured from eaves to eaves.



PARTICULARS OF INSURANCE REQUESTED

<p>PROPOSED PROPERTIES TO BE INSURED:</p> <p><input type="checkbox"/> BUILDING (excluding foundation) P _____</p> <p><input type="checkbox"/> HOUSEHOLD CONTENTS including PERSONAL EFFECTS (excluding Cash & Jewelry) P _____</p> <p><input type="checkbox"/> SWIMMING POOL (for Earthquake Shock only) P _____</p> <p>TOTAL SUM INSURED P _____</p>	<p>INSURED VALUES</p> <p>P _____</p> <p>P _____</p> <p>P _____</p> <p>P _____</p>	<p>COVERS REQUIRED:</p> <p><input type="checkbox"/> FIRE/LIGHTNING</p> <p><input type="checkbox"/> EARTHQUAKE FIRE/SHOCK</p> <p><input type="checkbox"/> EXTENDED COVER</p> <p><input type="checkbox"/> TYPHOON</p> <p><input type="checkbox"/> FLOOD</p> <p><input type="checkbox"/> OTHERS _____</p>	<p>DO YOU HAVE ANY OF THE FOLLOWING FIRE EQUIPMENT? Check if applicable.</p> <p><input type="checkbox"/> SECURITY SERVICES / WATCHMAN'S CLOCK</p> <p><input type="checkbox"/> PORTABLE FIRE EXTINGUISHERS</p> <p><input type="checkbox"/> AUTOMATIC ALARM SYSTEM</p> <p><input type="checkbox"/> OTHERS _____</p>
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PROPOSED EFFECTIVITY: _____ **AGENT:** _____

I hereby warrant that all information given by me are true and correct to the best of my knowledge, freely and voluntarily given to Malayan Insurance, Co., Inc ("MICO"). I hereby authorize MICO to keep, record, use, and process the information given to it, to share the same to third parties, and otherwise dispose of the said information as it may deem fit. If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I am duly authorized to perform such acts and that I am duly allowed to give their information to MICO. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product from MICO of all the terms and conditions herein.

It is hereby declared and agreed that the above statements are warranties which shall form part of the insurance contract. Any material misdescription, misrepresentation or concealment can be the basis for denial of cover or the denial of any claim. It is understood that the property described above is not covered until this application is approved and the corresponding policy is issued by or on behalf of the Insurer.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____ **DATE SIGNED:** _____

<p>*TO BE FILLED OUT BY INSURANCE COMPANY REPRESENTATIVE:</p> <p>ISIC CODE: _____</p> <p>MANAGEMENT REFERRED?</p> <p><input type="checkbox"/> YES REFERRER'S NAME _____</p> <p><input type="checkbox"/> NO</p> <p>VERIFIED BY: _____</p> <p>Name & Signature of Company Frontliner / Date Received</p>	<p>(FOR INSURANCE COMPANY USE ONLY)</p> <p>RECEIVED BY: _____ DATE: _____</p> <p>PROPOSED RATE: _____</p> <p>APPROVED BY: _____ DATE: _____</p> <p>ACCEPTANCE NUMBER: _____</p>
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