

MICO BAC FNAC

NAME OF APPLICANT		SURNAME		GIVEN NAME		MIDDLE NAME	
MAILING ADDRESS		NO.	STREET	SUBDIVISION / VILLAGE		BARANGAY	
		MUNICIPALITY / CITY		PROVINCE		ZIP CODE	
CONTACT NUMBERS		HOME:		OFFICE:		MOBILE:	
E-MAIL ADDRESS				Would you like to receive Company notifications via e-mail? <input type="checkbox"/> YES <input type="checkbox"/> NO			
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	CITIZENSHIP			
SOURCE OF FUND(S)		<input type="checkbox"/> SALARY <input type="checkbox"/> BUSINESS <input type="checkbox"/> DONATION <input type="checkbox"/> INHERITANCE <input type="checkbox"/> OTHERS					
DATE OF BIRTH	MM / DD / YYYY	TYPE OF EMPLOYMENT	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> BUSINESS (SELF-EMPLOYED) <input type="checkbox"/> OTHERS	<i>if employed,</i>		NAME OF EMPLOYER	
TAX IDENTIFICATION NUMBER (TIN)				<input type="radio"/> PRIVATE <input type="radio"/> GOVERNMENT <input type="radio"/> OFW		GROUP AFFILIATION OF EMPLOYER	

INDUSTRY

<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	

PARTICULARS OF PROPERTY TO BE INSURED

LOCATION OF PROPERTY		NO.	STREET	SUBDIVISION / VILLAGE		BARANGAY	
		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

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

DESCRIPTION OF BOUNDARIES AND SURROUNDING PROPERTIES

<p align="center">SKETCH</p> <p>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. 2. surrounding streets as projected above.</p>	<i>Use the sketch as your guide.</i>							
	PROPERTY / STREET <i>whichever is applicable</i>	NO. OF STOREYS	DISTANCE (Meters)	EXTERIOR WALLS				OCCUPIED SOLELY AS RESIDENCE?
	FRONT:			CONCRETE	TIMBER	CONCRETE/TIMBER	OTHERS	
	RIGHT:							
	LEFT:							
REAR:								

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

PARTICULARS OF INSURANCE REQUESTED

PROPOSED PROPERTIES TO BE INSURED: <input type="checkbox"/> BUILDING (excluding foundation) <input type="checkbox"/> HOUSEHOLD CONTENTS including PERSONAL EFFECTS (excluding Cash & Jewelry) <input type="checkbox"/> SWIMMING POOL (for Earthquake Shock only) TOTAL SUM INSURED P _____	INSURED VALUES P _____ P _____ P _____ P _____	COVERS REQUIRED: <input type="checkbox"/> FIRE/LIGHTNING <input type="checkbox"/> EARTHQUAKE FIRE/SHOCK <input type="checkbox"/> EXTENDED COVER <input type="checkbox"/> TYPHOON <input type="checkbox"/> FLOOD <input type="checkbox"/> OTHERS _____	DO YOU HAVE ANY OF THE FOLLOWING FIRE EQUIPMENT? Check if applicable. <input type="checkbox"/> SECURITY SERVICES / WATCHMAN'S CLOCK <input type="checkbox"/> PORTABLE FIRE EXTINGUISHERS <input type="checkbox"/> AUTOMATIC ALARM SYSTEM <input type="checkbox"/> OTHERS _____
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 APPLICANT: _____	DATE APPLIED: _____
*TO BE FILLED OUT BY COMPANY REPRESENTATIVE: (FOR COMPANY USE ONLY)	
ISIC CODE: _____	RECEIVED BY: _____ DATE: _____
MANAGEMENT REFERRED? <input type="checkbox"/> YES REFERRER'S NAME _____ <input type="checkbox"/> NO	PROPOSED RATE: _____
VERIFIED BY: _____	APPROVED BY: _____ DATE: _____
Name & Signature of Company Frontliner / Date Received	ACCEPTANCE NUMBER: _____