



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LABADO JERRY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

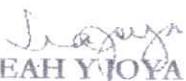
This certificate forms part of Group Master Policy Contract No. 2022-07-143 issued to

GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.
21A West Riverside St., San Francisco Del Monte, Quezon City,

The ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC., during the term of this policy and while it is in force, will pay the beneficiaries of the insured upon receipt of due proof of the insured's death or disability in the amount specified in the Group Master Policy, provided the premium therefore has been paid, and subject to the provision on Termination of Individual Insurance.

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Given at Quezon City this 22nd day of August 2023.


LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LABORDO ROBERT R

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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(Annual)

PREMIUM PAID

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LACAMBRA LEVIE A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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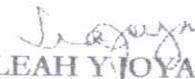
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LACERONA NELSON M

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LACIA CESAR

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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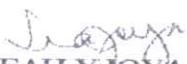
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LACNO JOVER M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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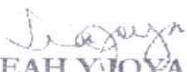
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAGARTO ROBEL A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAGOS GLENN A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAGROSA JR MARCIANO D

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAGSAC FERNANDO

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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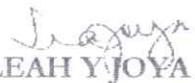
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LAGUS VICTOR V

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAHOM JEFF MARJON

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAMAMIGO LORETO JR T

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAMBACO RYAN M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
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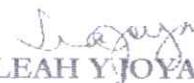
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LANAQUE DANILO R

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LANZA RHILY B

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

This certificate forms part of Group Master Policy Contract No. 2022-07-143 issued to

GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.

214 West Riverside St., San Francisco Del Monte, Quezon City,

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAPIDO JM D

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAPITAN TERRY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAPIZ JOSEPH A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

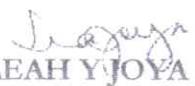
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LARA ROGELIO I

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

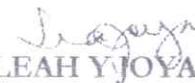
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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LASTIMA ELIAS A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LATAGAN RAFEI

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LATASAN REY E

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAURON JECKY A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAXAMANA MARVIN R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LAZAGA ARNOLD L

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LEBRERO JAY BRYAN

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LEGARIO NELSON

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LEGASPI CHARLIE

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
- Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LELIZA RODOLFO L

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
- Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA

Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LEONARDO ARLAN B

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

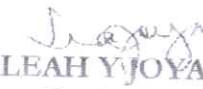
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

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Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LEONARDO SAMUEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

This certificate forms part of Group Master Policy Contract No. 2022-07-143 issued to

GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.
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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LEONES JOBANY D

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

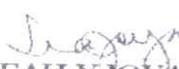
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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LERA-OG ROGER O

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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PREMIUM PAID : P 372.50

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LEAH Y. JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LIM FRWIN B

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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(Annual)

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LIMBO SANDY T

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

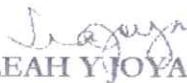
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Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LITAC KENETH JAY P

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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(Annual)

PREMIUM PAID

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LITERANO DANILO G

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LIWALAS JOELU

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LLEMA JIMMY E

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVFRAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LOMBOY ANGELITO

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LONGA REY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y. JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LONGALONG JEROME V

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LONZAGA BENJIE M

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
- Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LOPEZ REYNANTE N

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LOZA REMLY L

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LOZADA BONIFACIO B

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
- Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
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Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LOZADA JERIC

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LUBON JOEL JR.O

AMOUNT OF INSURANCE :
1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LUCERO ROLAND

AMOUNT OF INSURANCE :
1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LUSTADO ERWIN M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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214 West Riverside St., San Francisco Del Monte, Quezon City,

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LEAH Y JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LUZA JERRY C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LACANLALE JENRICK

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
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PREMIUM PAID

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LANA EDISON

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LUCAY LUCAY JOAQUIN

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: LABITA ED CHRISTOPHER C

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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PREMIUM PAID

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LEGUA ERWIN JR M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : LUBRIDO PAULITO

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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