



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 : AVILA JOLAN

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 : ABABA FELIX JR 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : RAPOSAS JOEL

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

: ABAD EDILBERTO JR 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: ABADIANO JERRY J

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	: ABADILLA FRANKLIN 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
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: ABALOS FLORENTINO

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

: ABALOS JUVINER C

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

: ABARRO ROGELIO

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 : ABAS ARMAN 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

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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PREMIUM PAID : P 372.50

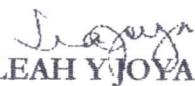
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: ABAT JEFFREY F

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

: ABAWAG ALDEN

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 : ABISO DARWIN

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

: ABISO REYS

AMOUNT OF INSURANCE

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

NAME OF INSURED : ABOGA ALBERT 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ABRERO ROSS 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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Deputy Head, NCRSSC, ISD



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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 : ABRIL ENRICO

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

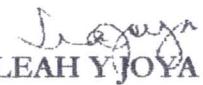
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Given at Quezon City this 22nd day of August 2023.


LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ABRINA RENCY 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 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 : ABUEVA JAMES RYAN 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)

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ACOBA ABRAHAM 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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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ADANE JOEMER 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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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ADEL CHRISTIAN 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 : ADEL VINCENT 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 : ADENA JON JON S

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
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: AGABIN ERMILDO

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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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : AGALOOS JOHN CRISTOPHER

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 : AGAPITO JOEL 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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LEAH Y JOYA

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : AGNAS JOSE JR

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

: AGRAVANTE CESAR JR 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : AGUDO LOURINCE CRIS

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

: AGUILA WILBRYAN 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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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: AGUILAR NOEL JR.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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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 : AGUILAR RIDEN 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 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

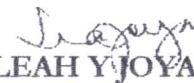
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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : AGUSTIN BRYAN JONES 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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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : AIZO ROBERT

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 : ALABA LESTHER 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

: AJAMAG JOSEPH JR 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

PERIOD OF COVERAGE

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PREMIUM PAID

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ALAN RICHARD 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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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ALANO EDWIN 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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LEAH Y JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : AIANO IRENEO JR

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 : ALBANCES RONALD

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

: ALBILDA JR ENRIQUE 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 +
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 : ALBINO ARMAN 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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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: ALCALA FREDERICK 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ALCANTARA FERNANDO 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ALCANTARA RAYEL

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 : ALCERA MARK ALCHER 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 : ALCOS OSIAS JR 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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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

: ALDOJESA LADYMIE 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

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

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ALICAWAY RAYMUNDO 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

: ALILANO WILFREDO 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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LEAH Y. JOYA

Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ALION YAPHET 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
(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

: ALLECER GUILBERT 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

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 : ALLERA JUACHO 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
(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 : ALMANO BENJIE 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 : ALMARIO DARIUS J

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 : ALMAZAN JOEL 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



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ALMAZAN REX 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 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

: ALMAZAN ROLAND S

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

: ALMAZAR REYNALDO 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 COVERAGE

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PREMIUM PAID

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: ALMEÑE ROGER JR 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

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PREMIUM PAID

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ALOJADO RONEL

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 : 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	: ALVAREZ JOEMARIE
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	: ALVERIO, MICHAEL 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

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,

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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

: ALVIOR JOHN 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

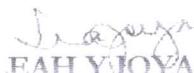
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: AMBOS MERVIN 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

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(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 : AMEN CHARLO 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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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: AMID HAYMIN 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

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PREMIUM PAID

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : AMPARAN RICHARD

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

: ANAPE JONATHAN S

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 : ANCHETA RUBEN

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 : ANDAYA 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
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: ANG-OG REYNANTE 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

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 : ANIAG RICHARD 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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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ANIGA ARCHIE

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 : ANIGA ARIEL NAHINE

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 : ANONUEVO ARNIE

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 : ANSELMO CHRISTIAN 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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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED	: ANTONIO WILSON 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
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ANTONIO WILMER

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

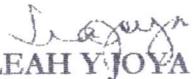
This certificate forms part of Group Master Policy Contract No. 2022-07-143 issued to

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

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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 : ANUNCIACION JOSEPH 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
(Annual)

PREMIUM PAID : P 372.50

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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 : APARECE NONILON 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 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 : APOLINAR WILFREDO 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 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

: AQUINO CHRISTIAN

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 : AQUINO JAYSON

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

: ARANDOGA LEVI JR 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

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ARANES ARNEL 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

: ARAÑES FRANCISCO 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

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 : ARANETA JUPHIL

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 : ARAQUEL CRISTOPHER 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

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 : ARCELO BEMILDO

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 : ARDITA KEVIN 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
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED	: ARELLANO RYAN RICHARD 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
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 : ARGULIDA RANDY 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

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

PREMIUM PAID : P 372.50

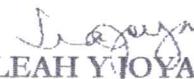
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : ARIOS MARK CHRISTIAN

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 : P 372.50

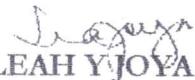
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Given at Quezon City this 22nd day of August 2023.


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 : ARIZAPA DANILO JR

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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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 : ARNEJO GABRIEL

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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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 : AROY JINO 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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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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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 : AGANON ALFONSO JR 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 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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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

: ALCANTARA MA THERESA

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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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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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

LEAH Y JOYA

Deputy Head, NCRSSC, ISD

Buhay na panatag.



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 : ALARDE CHRISTOPHER 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 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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21A West Riverside St., San Francisco Del Monte, Quezon City,

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The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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 : ANDRADE JOHN REY 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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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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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 : ANG-OG JUN 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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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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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 : AVILA JOLAN

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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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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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

: ALCANTARA MA THERESA

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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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

LEAH Y JOYA

Deputy Head, NCRSSC, ISD

Deputy Head, NCSSC, ISD
LEAH Y JOVA
J. V. Jova

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

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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

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

PREMIUM PAID : P 372.50

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

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

NAME OF INSURED : AVUNGAG JOSE JR M

CERTIFICATE OF INSURANCE COVERAGE

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

Armed Forces and Police Mutual Benefit Association, Inc.


Deputy Head, NCRSSC, ISD
LEAH YJOVA

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

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

21A West Riverside St., San Francisco Del Monte, Quezon City

GALLANTY SECURITY AND INVESTIGATION AGENCY, INC.

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

PREMIUM PAID : P 372.50

(Annual)

02 August 2023 to 01 August 2024

PERIOD OF COVERAGE

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

NAME OF INSURED : AWRAYAN ROLLINE JR M

CERTIFICATE OF INSURANCE COVERAGE

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

AFPMBAI Mutual Benefit Association, Inc.
Armed Forces and Police

Deputy Head, NCSSC, ISD
LEAH Y JOVA


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

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency, or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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

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

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

PERMIUM PAID : P 372.50

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

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

NAME OF INSURED : AVENDO JOHN MARVIN C

CERTIFICATE OF INSURANCE COVERAGE

Col Bonny Serano 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

**AFPMBAI Mutual Benefit Association, Inc.**
Armed Forces and Police

Deputy Head, NCSSC, ISD

LEAH VJOVA


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

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

Master Policy, provided the premium theretofore has been paid, and subject to the provision on

upon receipt of due proof of the insured's death or disability in the amount specified in the Group

INC, during the term of this policy and while it is in force, will pay the beneficiaries of the insured

THE ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION,
GALLANTY SECURITY AND INVESTIGATION AGENCY, INC.

21A West Riverside St., San Francisco Del Monte, Quezon City

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

PREMIUM PAID : P 372.50

(Annual)

02 August 2023 to 01 August 2024

PERIOD OF COVERAGE

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

NAME OF INSURED : AVELIANOSA EDUARDO O

CERTIFICATE OF INSURANCE COVERAGE

COL Bonny Serano 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

Armed Forces and Police Mutual Benefit Association, Inc.


Buhay na pandatag.

Deputy Head, NCRSSC, ISD

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

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency, or The date the Insured Security Guard attains his 60th birthday, or Upon payment of the Face Amount of accrued benefits equivalent to the Face Amount given as disability benefit.

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 therefor has been paid, and subject to the provision on termination of individual insurance.

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

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

PREMIUM PAID : P 372.50

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

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

NAME OF INSURED

CERTIFICATE OF INSURANCE COVERAGE

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

Armed Forces and Police Mutual Benefit Association, Inc.

Deputy Head, NCSSC, ISD
LEAH YJOVA

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

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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

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

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

PREMIUM PAID : P 372.50

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

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

NAME OF INSURED : AUGUSTO CHRISTOPHER R

CERTIFICATE OF INSURANCE COVERAGE

Col Bonny Serano 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

Armed Forces and Police Mutual Benefit Association, Inc.


Deputy Head, NCSSC, ISD
LEAH YJOVA
[Signature]

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

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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Master Policy, provided the premium therefore has been paid, and subject to the provision on

upon receipt of due proof of the insured's death or disability in the amount specified in the Group

INC, during the term of this policy and while it is in force, will pay the beneficiaries of the insured

THE ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION,

21A West Riverside St., San Francisco Del Monte, Quezon City

GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.

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

PREMUM PAID : P 372.50

(Annual)

02 August 2023 to 01 August 2024

PERIOD OF COVERAGE

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

NAME OF INSURED : ATDO FRANCIS I

CERTIFICATE OF INSURANCE COVERAGE

Col Bonny Serano 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

AFPMBAI Mutual Benefit Association, Inc.
Armed Forces and Police

Deputy Head, NCRSSC, ISD
LEAH YJOVA

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

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The ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION,

GALLANTY SECURITY AND INVESTIGATION AGENCY, INC.

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

NAME OF INSURED : ATENCIPIO KLODERRY P

CERTIFICATE OF INSURANCE COVERAGE

Col Bonny Seranno Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
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Armed Forces and Police Mutual Benefit Association, Inc.
