



# 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 : PIÑERO MARKNICK

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 60<sup>th</sup> 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 22<sup>nd</sup> day of August 2023.

  
LEAH Y. JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: PRANGGA FLORENTINO 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 24 November 2023  
(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 22<sup>nd</sup> day of August 2023.

LEAH Y. JOYA

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PABLO ERNESTO 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

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PABLO MICHAEL 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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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: PACALDO 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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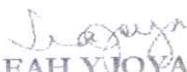
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PACHECO MYREI 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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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PADILLA DENNIS 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 : PAGADUAN VIRGILIO 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

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PREMIUM PAID : P 372.50

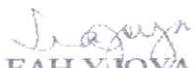
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PAGADUAN BERNARDO 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 : PAGUIA JEMILIN

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 : PAGUIO JESTONE 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

: PAJANUSTAN RUEL 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 : PAGUNTALAN ARNOLD H

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

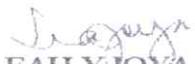
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PAJO RODULFO O

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 : PALAPUZ VIRGO 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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Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PALINA JHOMIE 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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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

LEAH Y JOYA  
Deputy Head, NCRSSC, ISD



# Armed Forces and Police Mutual Benefit Association, Inc.

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PALLASIGE JEFFREY

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 : PAIMA, ALVIN JOHN

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 : PALMARES JECRIS.

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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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

LEAH Y JOYA  
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED	: PALOMAR BOBETH 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 : PALOMARES ARNULFO

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

: PAMELARA PATRICK 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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PREMIUM PAID

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PANA ELPIDIO 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 : PANGANORON NELSON 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 : PANIEL JOHN KENNETH

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

: PARALUMAN ROMIE REX

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

: 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 : PAREJA ANTHONY

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 JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PARUNGAO ANDY

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 : PASAR ENRY 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 : PALAHANG LILET

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 : PUBLICO RICKY

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 22<sup>nd</sup> 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

: PASCOBILLO SALVADOR

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 22<sup>nd</sup> day of August 2023.

LEAH Y. JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PASCUA ROMEO JR 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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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PASION ARNEL 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

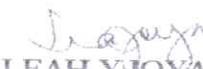
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PATRIARCA JAVIER

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 : PATULIN RYAN 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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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PAULINO RHUELA

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  
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED	:	PAYOD ROSELITO
AMOUNT OF INSURANCE	:	<ol style="list-style-type: none"><li>1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit</li><li>2. Accidental Death Benefit: P 50,000.00 +</li><li>Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit</li></ol>
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 : PEÑALOSA PAUL 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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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PENEYRA HECTOR 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

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(Annual)

PREMIUM PAID : P 372.50

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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

LEAH Y JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PENUELA KENNETH 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

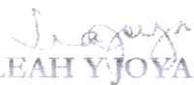
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PERALTA ALFREDO JR 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 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 : PERENA ARNEL 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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PREMIUM PAID : P 372.50

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LEAH Y. JOYA  
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PEREYRA, REYNALDO 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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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PEREZ JERRY 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 : PEREZ MARTY 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 COVFRAGE 02 August 2023 to 01 August 2024  
(Annual)

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Given at Quezon City this 22<sup>nd</sup> 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 : PEREZ 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

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 22<sup>nd</sup> day of August 2023.

LEAH YJOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PEREZ VERGEL 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

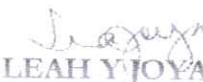
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**LEAH Y. JOYA**  
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PICHAY MARLOUA

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)

PFRMIUM PAID : P 372.50

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PIDOT SIMPLICIO JR 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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(Annual)

PREMIUM PAID : P 372.50

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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

  
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PILANDE ERWIN CRISTIAN

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

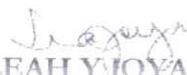
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PINEDA NICK

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 : PINZON RODOLFO 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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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: PLACIDO REYDAN 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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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PLANA ANALYN BEJER

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)

PREMIUM PAID : P 372.50

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PLAZA EROL JOHN

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	: POLICARPIO MATHEW
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 : PONTANARES ISIDRO

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 : PONTILLAS 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

: PONTIMAYOR ALGER VINCE

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

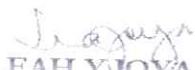
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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

  
LEAH Y. JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PORAZO LOUIE LEE

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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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 22<sup>nd</sup> 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 : PORTON JOJIEMAR

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 22<sup>nd</sup> day of August 2023.

*Leah Joya*  
LEAH JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PORTUGUESE JEFFREY 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 22<sup>nd</sup> day of August 2023.

  
LEAH Y JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : PRADO ISAGANI 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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(Annual)

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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

  
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: PRIVADO, 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

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(Annual)

PREMIUM PAID

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: PULIDO JONATHAN

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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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

  
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : QUERAL RODERICK 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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PREMIUM PAID : P 372.50

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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

LEAH Y JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: QUESADA NICODEMUS

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

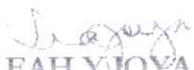
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: QUIDILIG LEO NARDO 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 : QUIMPO JADE 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 02 August 2023 to 01 August 2024  
(Annual)

PREMIUM PAID : P 372.50

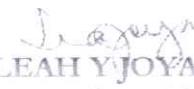
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: QUINANOLA ALEMAR 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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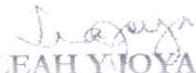
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : QUINTON MELVIN SR 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 : RAANDAAN RUSTOM 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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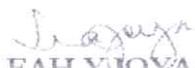
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : RABAGO MARKJAN 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 : RABANAL, ALVARO

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

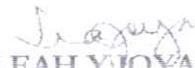
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: RABIDA JHONAS 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

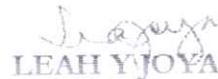
GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.

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 60<sup>th</sup> 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 22<sup>nd</sup> 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 : RACRAQUIN ROBERTO 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

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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 60<sup>th</sup> 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 22<sup>nd</sup> day of August 2023.

LEAH Y JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : RACSA JUANITO

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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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 60<sup>th</sup> 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 22<sup>nd</sup> day of August 2023.

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : RAEL LOUIE 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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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

LEAH Y JOYA  
Deputy Head, NCRSSC, ISD



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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : RAMOS DARREN SHANE 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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*214 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 60<sup>th</sup> 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 22<sup>nd</sup> day of August 2023.

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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : RANILE RAULT

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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Given at Quezon City this 22<sup>nd</sup> day of August 2023.

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