



**CERTIFICATE OF INSURANCE COVERAGE**

NAME OF INSURED : **BATO RODELJAO 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

**GALANTRY 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.

*[Signature]*  
**LEAH YJOYA**  
Deputy Head, NCRSSC, ISD