



# 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: AFPMBIAOfficial

## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : JABIDO LARRY 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

This certificate forms part of Group Master Policy Contract No. 2022-07-144 issued to

### GOLDEN GATE SECURITY AND INVESTIGATION SERVICES 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 : JAMELA ROMMEL 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 : JAMERO RINO

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 : JANDAYAN JEROME

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 : JAVA VINCENT OLIVER

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 : JAYME ARIAN

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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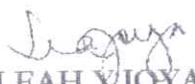
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : JAYME CHARISSA AUBREY

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 : JIMENEZ JOHNNY M

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

NAME OF INSURED : JIMENEZ JORDAN G

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 : JOCOSOL PRUDENCIO O

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

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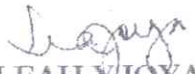
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## CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : JULHUSSIN ALMASIR JUMHARI

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 : KELING ROBERT

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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