

REGION 4
APPLICATION FOR CROP INSURANCE
(Individual Application)

☐ NEW

☐ RENEWAL

Previous Insurance I.D : _____

☐ RICE

☐ SELF-FINANCED

DATE : _____

☐ CORN

☐ BORROWING

LENDER : _____ (mm/dd/yy)

Sir/Madam,
I hereby apply for crop insurance coverage under the terms and conditions of the Master Policy Contract and Rules and Regulations of the Philippine Crop Insurance Corporation.

**NOTE: For renewal of coverage, fill-out only the information required in B.3 to B.7. and C.*

I. BASIC INFORMATION

A. The Farmer

Farmer I.D. : _____ ☐ IP Tribe: _____

Last Name First Name Middle Name

No. & Street/Sitio Barangay Municipality Province Cellphone Number

Sex: ☐ Male Date of Birth : _____
☐ Female (mm/dd/yy)

Bank Name : _____

Bank Account No. : _____

Civil Status: ☐ Single ☐ Married ☐ Widow/Separated

Bank Branch/Address : _____

** If married, Name of Spouse : _____*

NAME OF LEGAL BENEFICIARIES

AGE

RELATIONSHIP

a. Primary : _____

b. Secondary : _____

Assignee : _____ Reason of Assignment : _____

B. The Farm *[use seperate sheet of application paper if more the three (3) lots]*

Particulars	Farm I.D. _____ Lot 1 _____ ha.	Farm I.D. _____ Lot 1 _____ ha.	Farm I.D. _____ Lot 1 _____ ha.
B.1. Farm Location/I. SP			
Sitio			
Barangay			
Municipality			
Province			
B.2. Boundaries			
North			
South			
East			
West			
B.3. Variety			
B.4. Planting Method ¹	DS TP	() DS () TP	() DS () TP
B.5. Date of Sowing			
B.6. Date of Planting			
B.7. Date of Harvest			
B.8. Land Category ²	IR RF UL	() IR () RF () UL	() IR () RF () UL
B.9. Soil Type ³	CL SCL SiL SaL Others	() CL () SCL () SiL () SaL () Other	() CL () SCL () SiL () SaL () Others
B.10. Topography	Flat Rolling Hilly	() Flat () Rolling () Hilly	() Flat () Rolling () Hilly
B.11. Source of Irrigation ⁴	NIA/CIS DW SWIP STW	() NIA/CIS () DW () SWIP () STW	() NIA/CIS () DW () SWIP () STW
B.12. Tenorial Status	Owner Lessee	() Owner () Lessee	() Owner () Lessee

C. The Coverage

Crop : ☐ RICE Type of Cover : ☐ MULTI-RISK
☐ CORN ☐ NATURAL DISASTER

Amount of Cover: Premium :

CLTI-ADSS: Premium :

Sum Insured (SI): Premium :

D. For PCIC Use;

CIC No.: _____
Phase: Date Issued: _____
Rice: Wet COC No.: _____
Dry Date Issued: _____
Corn: A _____ Period of Cover: _____
B _____ From : _____
To : _____

II. CERTIFICATION

I hereby certify that the above information are true and correct to the best of my knowledge.

Signature/Thumb Mark over Printed Name
Farmer Applicant

I hereby certify that the above farmer-applicant follows POT/GAP5, and that, for crop already planted at the time of application, no risk insured against has occurred.

Date: _____

Signature over Printed Name
Supervising Agricultural Technologist/Account Officer

Legends:

¹ Planting Method:

[1] DS - Direct Seeding
[2] TP - Transplanting

² Land Category:

[1] IR - Irrigated
[2] RF - Rainfed
[3] UL - Upland

³ Soil Type:

[1] CL - Clay Loam
[2] SCL - Silty Clay Loam
[3] SiL - Silty Loam
[4] SaL - Sandy Loam

⁴ Source of Irrigation:

[1] NIA/CIS - National Irrigation Administration
[2] DW - Deepwell
[3] SWIP - Small Water Impounding Project
[4] STW - Shallow Tube Well

⁵ POT/GAP:

Package of Technology/
Good Agricultural Practices