## REGION 4 APPLICATION FOR CROP INSURANCE (Individual Application)

A. The Farmer I.D. :			NEW		RENEWAL	Previous Ins	surance I.D :	
DORN   BORROWING   LENDER:	RICE	SELF-FINANCED				DATE :		
Solvers The seeks apply for on presurance coverage under he terms and conditions of the Missian Policy Contract and Rules and Regulations of the Philipphe Crop hasurance Corporation. The seeks and page for one presurance coverage. Mucut only the information required is 8.3 to 8.7 and C.  LBASIC INFORMATION  A. The Fermation			(					
Thereby apply to corp insurance occorage under he berns and contributes of the Master Policy Contract and Ruses and Regulations of the Philippine Crop Insurance Corporation.  **NOTE: For insurance of coverage, 68 out only the information required in 8 3 to 8 7, and C.  **LaSN Name**  **Last Name**  **Last Name**  **Last Name**  **Last Name**  **First Name**  **Mindle Name**  **Last Name**  **Bank Name**  **Sex:		BOTTTOWNTO	LENDEN:					
Least Name	I hereby apply for crop insu	rance coverage under the term	s and conditions of the	e Master F	Policy Contract and	Rules and Regulation	ons of the Philippine Crop Ir	nsurance
Least Name	*NOTE: For renewal of coverage,	fill-out only the information req	uired in B.3 to B.7. an	nd C.				
Farmer I.D.	I. BASIC INFORMATION							
Last Name   First Name   Middle Name      No. 8. Street/Still	A. The Farmer	г	_					
No. & Street/Sitto Barangay Municipality Province Celiphone Number  Sex: Male Date of Birth: Baranday  Maried Date of Birth: Baranday  Fermale (mmiddyy)  Bank Name: Bank Account No.: Bank BarandyAddress: Bank Bank BarandyAddress: Bank Bank BarandyAddress: Bank Bank Bank Bank Bank Bank Bank Bank	Farmer I.D. :		IP Tribe:			-		
No. & Street/Sitto Barangay Municipality Province Celiphone Number  Sex: Male Date of Birth: Baranday  Maried Date of Birth: Baranday  Fermale (mmiddyy)  Bank Name: Bank Account No.: Bank BarandyAddress: Bank Bank BarandyAddress: Bank Bank BarandyAddress: Bank Bank Bank Bank Bank Bank Bank Bank								
Bank Name   Bank	Last N	First Name				Middle Name		
Bank Name   Bank	No. & Street/Sitio Barangay		Municipality		ity —	Province	Cellphone Number	
Female	Sav: $\square$				•			iono ramboi
Bank Account No.	I Hividio							
** If married, Manne of Spouse**  NAME OF LEGAL BENEFICIARIES	Female	Female (mm/dc		*'yy)		Account No.: —		
NAME OF LECAL BENEFICIARIES   AGE   RELATIONSHIP	Civil Status: Single	Married	Widow/Se	parated	Bank	Branch/Address :		
a. Primary: b. Secondary: Assignee:    Reason of Assignment:	* If married, Name of Spou	use :	<del></del>					
B. Secondary   Assignee   Reason of Assignment   Reason of Assignm	NAME OF LEGAL BENEFIC	CIARIES			AGE		RELATIONSHIP	
Resson of Assignment   Responsible   Respons	·							
B. The Farm (use seperate sheet of application paper if more the three (3) lots]  Particulars   Farm I.D						. —		
Particulars					Reason of Assigni	ment:		
8.1 Farm Location(I SP Sitio Barangay   Sitio   State   State	. ,	neet of application paper if n	` ' 1					
Sition   Barangay   Municipality   Province	Particulars	Farm I.DLot 1_	ha.	Farm I.I	DLot 1_	ha.	Farm I.DLot	1ha.
Municipality Province  8.2. Boundaries North South East West  8.3. Variety B.4. Planting Method: B.5. Date of Planting B.7. Date of Hanvest B.8. Land Category? B.9. Soil Type. CL SCL SL Sal. Others B.10. Topography Fiat Rolling Hilly B.11 Source of Imagation NIACIS DW SWIP STW () NIACIS () DW () SWIP () STW (	B 1 Farm Location/LSP							
Municipality								
Province								
North	Province							
South   East	B.2. Boundaries							
Bask   West   Bask	North							
West  B.3. Variety  B.4. Planting Method:  B.5. Date of Sowing  B.6. Date of Planting  B.7. Date of Harvest  B.8. Land Category:  B.8. Land Category:  B.8. Land Category:  B.9. Soil Types  CL SCL SiL SaL Others () CL () ScL () SiL () SaL () Other () CL () ScL () SiL () SaL () Other () CL () ScL () SiL () SaL () Other () CL () ScL () SiL () SaL () Other () CL () ScL () SiL () SaL () Other () CL () ScL () SiL () SaL () Other () CL () ScL () SiL () ScL () SiL () ScL ()	South							
B.3. Variety B.4. Planting Method: B.5. Date of Sowing B.5. Date of Planting B.5. Date of Planting B.7. Date of Planting B.7. Date of Planting B.8. Land Category2 IR RF UL () IR () RF () UL () RF () RF () UL ()								
B.4. Planting Methods								
B.5. Date of Sowing B.6. Date of Planting B.7. Date of Planting B.7. Date of Harvest B.8. Land Category: IR RF UL () IR () RF () UL () L () L () ScL () SaL () Other () CL () ScL () Sal ()	•			() DS ()TD		)TP	() DS () TD	
B.6. Date of Planting B.7. Date of Harvest B.8. Land Category: B.9. Soji Type: B.9. Soji Type: B.10. Topography Flat Rolling Hilly B.11. Source of Irrigation: B.10. Topography B.11. Source of Irrigation: B.10. Topography B.11. Source of Irrigation: B.11. Topography B.12. Tenurial Status B.13. Topography B.14. Rolling Hilly B.15. Topography B.15. Topography B.16. Type of Cover: B.17. Topography B.18. Topography B.19. Topography	-	DS IP		() 03 ()15		() DS () IP		
B.8. Land Category2 IR RF UL () IR () RF () UL () SCL () SIL () SaL () Others  B.9. Soil Type3 CL SCL SIL SaL Others () CL () SCL () SIL () SaL () Other () CL () SCL () SIL () SaL () Others  B.10. Topography Flat Rolling Hilly () Flat () Rolling () Rolling () Hilly () Flat () Rolli								
B.8. Land Category2								
B.10. Topography   Flat   Rolling   Hilly   () Flat   () Rolling   () Hilly   () Rolling   () Hilly   () Rolling   () Hilly   () Flat   () Rolling   () Hilly   () Rolling   () Hilly   () Flat   () Rolling   () Roll			UL		() IR () RF	() UL		() UL
B.11 Source of Irrigation4 NIA/CIS DW SWIP STW () NIA/CIS () DW () SWIP () STW () NIA/CIS () D	B.9. Soil Type3			() CL	() SCL () SiL	() SaL () Other	()CL ()SCL ()Si	(/ (/
B.12. Tenurial Status  Owner Lessee  () Owner () Lessee  () Owner								· · · ·
C. The Coverage  Crop: RICE Type of Cover: MULTI-RISK CORN NATURAL DISASTER  Amount of Cover: Premium:  CLTI-ADSS: Dry Date Issued: Corn: A Period of Cover: B From: To:  Sum Insured (SI): Premium:  II. CERTIFICATION  I hereby certify that the above information are true and correct to the best of my knowledge.  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.  Signature Orbital Name Supervising Agricultural Technologist/Account Officer  Legends: Supervising Agricultural Technologist/Account Officer				() NIA				.,
Crop: RICE Type of Cover: MULTI-RISK NATURAL DISASTER  Amount of Cover: Premium: Corn: A — Period of Cover: B — From: To:  Cutti-ADSS: Sum Insured (SI): Premium: To:  II. CERTIFICATION  I hereby certify that the above information are true and correct to the best of my knowledge.  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: Signature Over Printed Name Supervising Agricultural Technologist/Account Officer  Legends: Signature Over Printed Name Supervising Agricultural Technologist/Account Officer	B.12. Tenurial Status	Owner	Lessee		() Owner	() Lessee	( ) Owner	( ) Lessee
Crop: RICE Type of Cover: MULTI-RISK NATURAL DISASTER    Amount of Cover: Premium:   CTI-ADSS: Sum Insured (SI): Premium:   To:   Signature/Thumb Mark over Printed Name Farmer Applicant follows POT/GAP5, and that, for crop already planted at the time of application, no risk insured against has occurred.    Date: Signature Very Printed Name Supervising Agricultural Technologist/Account Officer   Signature Technologist/Account Officer   Signatur	C. The Coverage				D. For PCIC U	se;	CIC No :	
Amount of Cover: Premium:  CLTI-ADSS: Premium:  Sum Insured (SI): Premium:  II. CERTIFICATION I hereby certify that the above information are true and correct to the best of my knowledge.  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 Or Printed Name Farmer Applicant Signature over Printed Name Supervising Agricultural Technologist/Account Officer  Legends: Planting Method: 2 Land Category: 3 Soil Type: 4 Source of Irrigation: 5 POT/GAP:	Crop: RICE	Type of Cover :	MULTI-RISK		Phase:			
Amount of Cover: Premium:  CLTI-ADSS: Sum Insured (SI): Premium:  II. CERTIFICATION I hereby certify that the above information are true and correct to the best of my knowledge.  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 Or Printed Name Farmer Applicant Signature over Printed Name Supervising Agricultural Technologist/Account Officer  Legends:	l '	, , , , , , , , , , , , , , , , , , ,	NATUDAL DISAST		Rice:	Wet	COC No.:	
Amount of Cover: Premium:  CLTI-ADSS: Sum Insured (SI): Premium:  II. CERTIFICATION  I hereby certify that the above information are true and correct to the best of my knowledge.  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/Thumb Mark over Printed Name Supervising Agricultural Technologist/Account Officer  Legends: Premium:  B		'	NATORAL DISASTI	LIV	_	Dry	-	
Sum Insured (SI):  Premium:  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: Legends: Legends: Premium:  Signature/Thumb Mark over Printed Name Supervising Agricultural Technologist/Account Officer  4 Source of Irrigation:  5 POT/GAP:	Amount of Cover:	Premium:			Corn:	A ——		
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: Planting Method: 2 Land Category: 3 Soil Type: 4 Source of Irrigation: 5 POT/GAP:	CLTI-ADSS:					В ——		:
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: Planting Method: 2 Land Category: 3 Soil Type: 4 Source of Irrigation: 5 POT/GAP:	Sum Insured (SI):	Premium :					To:	
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: Planting Method: 2 Land Category: 3 Soil Type: 4 Source of Irrigation: 5 POT/GAP:		ormation are true and correct to	the best of my knowle	edge.				
Date:  Signature over Printed Name Supervising Agricultural Technologist/Account Officer  Legends: Planting Method: 2 Land Category: 3 Soil Type: 4 Source of Irrigation: 5 POT/GAP:						•	Farmer Applicant	
Signature over Printed Name Supervising Agricultural Technologist/Account Officer  Legends: Planting Method: 2 Land Category: 3 Soil Type: 4 Source of Irrigation: 5 POT/GAP:	I hereby certify that the above farm	ner-applicant follows POT/GAP	5, and that, for crop al	lready pla	nted at the time of a	application, no risk in		d.
Supervising Agricultural Technologist/Account Officer  Legends: 4 Source of Irrigation: 5 POT/GAP:	Date:				_		ignature over Brinted News	<u> </u>
Legends: Leg								
	Legends: 1 Planting Method: 2 Land	I Category: 3 Soil Type	e:	4 Sou	urce of Irrigation:		5 POT/GAP:	Taskaslas /

[2] TP - Transplanting

[2] RF - Rainfed [3] UL - Upland

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

[2] DW - Deepwell
[3] SWIP - Small Water Impounding Project
[4] STW - Shallow Tube Well

Good Agricultural Practices