

PHILIPPINE CROP INSURANCE CORPORATION  
Region \_\_\_\_\_

**APPLICATION FOR CROP INSURANCE**  
**(Individual Application)**

☐ NEW ☐ \*RENEWAL

☐ RICE ☐ SELF-FINANCED LENDER \_\_\_\_\_ DATE  /  /   
☐ CORN ☐ BORROWING \_\_\_\_\_ (mm / dd / yyyy)

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

DELA CRUZ

JUAN

SANTOS

Last Name

First Name

Middle Name

Sitio 1

Barangay 2

Municipality 3

Province 4

09123456789

No. & Street/Sitio

Barangay

Municipality

Province

Cell phone Number

Sex: ☐ Male ☐ Female

/  /

Age \_\_\_\_\_

Bank Name

 LandBank of the Philippines

Bank Account No.

 12345

PWD: ☐ Specify: \_\_\_\_\_

Indigenous People: ☐ Specify: \_\_\_\_\_

Civil Status: ☐ Single ☐ Married ☐ Widow/er ☐ Separated

Bank Branch / Address

 Cebu City

\*If married, Name of Spouse \_\_\_\_\_

Name of Legal Beneficiaries: \_\_\_\_\_

Age \_\_\_\_\_

Relationship \_\_\_\_\_

B. The Farm [use separate sheet of application paper if more than three (3) lots]			
Particulars	Lot 1 _____ ha.	Lot 2 _____ ha.	Lot 3 _____ ha.
B.1. Farm Location/LSP			
<div>Sitio</div>	Sitio		
<div>Barangay</div>	Barangay		
<div>Municipality</div>	Municipality		
<div>Province</div>	Leyte		
B.2. Boundaries			
<div>North</div>	100		
<div>South</div>	200		
<div>East</div>	300		
<div>West</div>	400		
B.3. Variety	Variant		
B.4. Planting Method <sup>1</sup>	( <input type="checkbox"/> ) DS ( <input type="checkbox"/> ) TP	( <input type="checkbox"/> ) DS ( <input type="checkbox"/> ) TP	( <input type="checkbox"/> ) DS ( <input type="checkbox"/> ) TP
B.5. Date of Sowing			
B.6. Date of Planting			
B.7. Date of Harvest			
B.8. Land Category <sup>2</sup>	( <input type="checkbox"/> ) IR ( <input type="checkbox"/> ) RF ( <input type="checkbox"/> ) UL	( <input type="checkbox"/> ) IR ( <input type="checkbox"/> ) RF ( <input type="checkbox"/> ) UL	( <input type="checkbox"/> ) IR ( <input type="checkbox"/> ) RF ( <input type="checkbox"/> ) UL
B.9. Soil Type <sup>3</sup>	( <input type="checkbox"/> ) CL ( <input type="checkbox"/> ) SCL ( <input type="checkbox"/> ) SiL ( <input type="checkbox"/> ) SaL ( <input type="checkbox"/> ) Others	( <input type="checkbox"/> ) CL ( <input type="checkbox"/> ) SCL ( <input type="checkbox"/> ) SiL ( <input type="checkbox"/> ) SaL ( <input type="checkbox"/> ) Others	( <input type="checkbox"/> ) CL ( <input type="checkbox"/> ) SCL ( <input type="checkbox"/> ) SiL ( <input type="checkbox"/> ) SaL ( <input type="checkbox"/> ) Others
B.10. Topography	( <input type="checkbox"/> ) Flat ( <input type="checkbox"/> ) Rolling ( <input type="checkbox"/> ) Hilly	( <input type="checkbox"/> ) Flat ( <input type="checkbox"/> ) Rolling ( <input type="checkbox"/> ) Hilly	( <input type="checkbox"/> ) Flat ( <input type="checkbox"/> ) Rolling ( <input type="checkbox"/> ) Hilly
B.11. Source of Irrigation <sup>4</sup>	( <input type="checkbox"/> ) NIA/CIS ( <input type="checkbox"/> ) DW ( <input type="checkbox"/> ) SWIP ( <input type="checkbox"/> ) STW	( <input type="checkbox"/> ) NIA/CIS ( <input type="checkbox"/> ) DW ( <input type="checkbox"/> ) SWIP ( <input type="checkbox"/> ) STW	( <input type="checkbox"/> ) NIA/CIS ( <input type="checkbox"/> ) DW ( <input type="checkbox"/> ) SWIP ( <input type="checkbox"/> ) STW
B.12. Tenorial Status	( <input type="checkbox"/> ) Owner ( <input type="checkbox"/> ) Lessee	( <input type="checkbox"/> ) Owner ( <input type="checkbox"/> ) Lessee	( <input type="checkbox"/> ) Owner ( <input type="checkbox"/> ) Lessee

C. The Coverage

Crop: ☐ RICE ☐ CORN

Type of Cover: ☐ MULTI-RISK ☐ NATURAL DISASTER

Amount of Cover: \_\_\_\_\_

Premium: \_\_\_\_\_

CLTIP – ADSS:

Sum Insured (SI): \_\_\_\_\_

Premium: \_\_\_\_\_

D. For PCIC use:

Phase:

Rice: Wet \_\_\_\_\_ Dry \_\_\_\_\_

Corn: A. \_\_\_\_\_ B. \_\_\_\_\_

CIC No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

COC No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Period of Cover: 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/GAP<sup>5</sup>, and that, for crop already planted at the time of application, no risk insured against has occurred.

Signature over Printed Name

Supervising Agricultural Technologist/Account Officer

Date: \_\_\_\_\_

Legends:

<sup>1</sup>Planting Method:  
(1) DS – Direct Seeding  
(2) TP – Transplanting

<sup>2</sup>Land Category:  
(1) IR – Irrigated  
(2) RF – Rainfed  
(3) UL – Upland

<sup>3</sup>Soil Type:  
(1) CL – Clay Loam  
(2) SCL – Silty Clay Loam  
(3) SiL – Silty Loam  
(4) SaL – Sandy Loam

<sup>4</sup>Source of Irrigation:  
(1) NIA/CIS – National Irrigation Administration/  
Communal Irrigation System  
(2) DW – Deep Well  
(3) SWIP – Small Water Impounding Project  
(4) STW – Shallow Tube Well

<sup>5</sup>POT/GAP  
Package of Technology/  
Good Agricultural Practice