

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>			
<div>Barangay</div>			
<div>Municipality</div>			
<div>Province</div>	Leyte		
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 () Others	() 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. Tenurial Status	() Owner () Lessee	() Owner () Lessee	() Owner () 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 _____

CIC No.: _____ Date Issued: _____

Corn: A. _____ B. _____

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/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:

¹Planting Method:
(1) DS – Direct Seeding
(2) TP – Transplanting

²Land Category:
(1) IR – Irrigated
(2) RF – Rainfed
(3) UL – Upland

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

⁴Source 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

⁵POT/GAP
Package of Technology/
Good Agricultural Practice