LIV Form 01 Rev. 2011/Dec-2017/May

## APPLICATION FORM FOR LIVESTOCK MORTALITY INSURANCE [] COMMERCIAL COVER [] NON-COMMERCIAL COVER [] SPECIAL COVER

NAME OF FARMER CANONIGO WCRESIA Middle Name Punok #1 Bray- Parina, Ciporles, Eastern Samar ADDRESS BIRTHDATE\* SPOUSE NAME\* RAMIL 4. CONTACT NO. I hereby proposes for insurance coverage of animal/s listed below under the forms and conditions of the General Provision for PCIC Livestock Mortality Insurance for the period of OCTOWER months/year from to noon of \_\_\_\_\_ while in the proponents farms located at 1. Kind of Animal/s: [ ] Cattle [] Carabao Poultry [ ] Swine | Horse [] Goat Other Specify II. Purpose: [ ] Fattening Draft Broilers [ ] Pullets [ ] Breeding [] Milking Layers [ ] Parents Stock Description of Animals to be insured: 111. Sourse of Stock: CHICKEN LAYER FOR EGG PRODUCTION Breed: Brand Ear Mark/tag: Basic Color No. of heads/Birds: 700 hod Number of Housing Units Number of Birds per Housing Units Date of Purchase April 21 to may 16, 2017 TOTAL No. of HEADS FOR ENROLLMENT For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No. IV. **COVERAGE:** 1. Desired Sum Insured per head P 2. Total Sum Insured P / OS, on (7,667 3. Extended Coverage for Epidemic Diseases: 3.2 ASSIGNEE/LOSS PAYEE Address: Contact No. Date: October 19,2017 Signature of Proponent Signature of AT

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## APPLICATION FORM FOR LIVESTOCK MORTALITY INSURANCE [] COMMERCIAL COVER [] NON-COMMERCIAL COVER [] SPECIAL COVER

ADDRESS  PRGY PARMA CIPORLOS  Ext. Middle Name  BIRTHDATE*  SPNT: 26. 1925	NAME	OF FARMER	BELAYEM IND	I NEWA	1 1 partier									
BIRTHDATE SPOUSE NAME MALCELLING O PELACIAN OF DELACIAN OF DELACIA	ADDRE	SS		First name	Ext. Middle Name									
CONTACT NO. COCAGO Services of animals listed below under the forms and conditions of the General Provision for PCIC Livestock Mortality Insurance for the period of COTOBO months/year from noon of while in the proponents farms located at i. Kind of Animal/s:    Cattle		Manage .	1110110	The state of the s	IN COTTO									
I hereby proposes for insurance coverage of animal/s listed below under the forms and conditions of the General Provision for PCIC Livestock Mortality Insurance for the period of CCTUBE months/year from moon of to noon of while in the proponents farms located at to noon of while in the proponents farms located at to noon of while in the proponents farms located at the proponent farms located at the proponents farms located at the proponent farms located at the proponents	CONTA	CT NO. 6	1065907-526		0 1/0									
moon of to noon of while in the proponents months/year from while in the proponents farms located at located at in the proponents farms located at lo	I hereby	proposes for i	nsurance coverage o	f animal/s listed below	under the factor	-								
While in the proponents farms located at	de a man a way and w	T A O TABLOMA TON T	THE THE SHARE IN TARGET	ISSUELV HYSCHIPOPONO COM 45										
Cartile   Carabao   Swine   Poultry	noon of		_ to noon of	while in	the proponents farms loc	ar from ated at								
Horse   Goat   Other Specify   Foultry   Fourtry	I.	Kind of A	nimal/s:		•									
Horse   Goat   Other Specify		[] Cattle	[] Carabao	[ ] Swine	A Poultry									
II.   Purpose:       Fattening     Draft       Broilers     Parents Stock     III.   Description of Animals to be insured:     Sourse of Stock:   CHECKEN LAYER FOR ECC PROUCTION     Breed:		[] Horse	[] Goat		ifv									
Pattening   Draft   Broilers   Pullets   Parents Stock						- 30								
Breeding   Milking   Layers   Parents Stock	11.	-												
III.   Description of Animals to be insured:   Sourse of Stock:				[] Broilers	Pullets									
Sourse of Stock: WHOLEN LAYER FOR PROJUCTION Breed: Brand Ear Mark/tag: Basic Color LOWIFE  No. of heads/Birds: 320 Number of Housing Units Male: Age Number of Birds per Housing Units 320 Female Age Date of Purchase April 22 2017  TOTAL No. of HEADS FOR ENROLLMENT For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P 180/head (2540) 2. Total Sum Insured P 48,000 (1,01900) 3. Extended Coverage for Epidemic Diseases: 3.1 3.2 3.3 3.1 3.2 3.3 Sextended Coverage for Epidemic Diseases: Signature of Proponent		[] Breeding	[] Milking	Layers										
Sourse of Stock: CHECKEN LAYER FOR ESC PROUCTION Breed: Brand Ear Mark/tag: Basic Color LOHITE  No. of heads/Birds: 320 Male: Age Number of Housing Units Number of Birds per Housing Units 320 Date of Purchase April 20, 2017  TOTAL No. of HEADS FOR ENROLLMENT For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No. Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P 180/head 2546 2. Total Sum Insured per head P 180/head 2546 3.1 3.2 3.3 3.1 3.2 3.3  ASSIGNEE/LOSS PAYEE  Address: Contact No. Date: CUT 19, 2017  Signature of Proponent					2,7									
No. of heads/Birds: 320  Male:Age Number of Housing Units 320  Date of Purchase APH 22, 2017  TOTAL No. of HEADS FOR ENROLLMENT  For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No. Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P	311.	Description	on of Animals to	be insured:	200-00-00									
No. of heads/Birds: 320  Male:Age Number of Housing Units 320  Date of Purchase APH 22, 2017  TOTAL No. of HEADS FOR ENROLLMENT  For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No. Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P		Sourse of St	ock: Unterche	LAYER FOIL TOG	= TOPODUCTION									
No. of heads/Birds: 320  Male:Age Number of Housing Units 320  Date of Purchase APH 22, 2017  TOTAL No. of HEADS FOR ENROLLMENT  For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No. Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P		For Mork/to		Brand										
Male: Age		Ear Wark/ta	g:	Basic Color	LOWIGE									
Male: Age		No. of heads	No. of heads/Birds: 32th											
TOTAL No. of HEADS FOR ENROLLMENT  For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P		Tradition of Trousing Units												
TOTAL No. of HEADS FOR ENROLLMENT  For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P 180/head 12546 2. Total Sum Insured P 18000 19900 3. Extended Coverage for Epidemic Diseases: 3.1 3.2 3.3  ASSIGNEE/LOSS PAYEE  Address: Contact No.  Date: CCT-19, 2017  Signature of Proponent				Date of Purchase	PHI 28, 2012	_								
For Cattle and Carabao only: Certificate of Ownership of Large Cattle No. Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P 150/head (1594) 2. Total Sum Insured P 16000 (1,1990) 3. Extended Coverage for Epidemic Diseases: 3.1 3.2 3.3  ASSIGNEE/LOSS PAYEE  Address: Contact No.  Date: CC7-19, 2017  Signature of Proponent														
Certificate of Ownership of Large Cattle No.  Certificate of Transfer of Large Cattle No.  IV. COVERAGE:  1. Desired Sum Insured per head P   No / head [2542]  2. Total Sum Insured P   48,000 (1,219.20) -   1.3.1     3.2     3.3     3.2     3.3     3.3     3.3     3.4     3.5	TOTA	AL No. of HE	ADS FOR ENRO	LLMENT	DODOA									
IV. COVERAGE:  1. Desired Sum Insured per head P   150/head [2542]  2. Total Sum Insured P   48000(1,21920)    3. Extended Coverage for Epidemic Diseases: 3.1 3.2 3.3  ASSIGNEE/LOSS PAYEE  Address:  Contact No.  Date: CCT-19, 2017  Signature of Proponent		For Cattle ar	nd Carabao only:		NOBOM									
IV. COVERAGE:  1. Desired Sum Insured per head P   150/head [2542]  2. Total Sum Insured P   48000(1,21920)    3. Extended Coverage for Epidemic Diseases: 3.1 3.2 3.3  ASSIGNEE/LOSS PAYEE  Address:  Contact No.  Date: CCT-19, 2017  Signature of Proponent		Certificate of	f Ownership of Large	e Cattle No.	ECICTON MUTUAL TES SENIORE	17000								
IV. COVERAGE:  1. Desired Sum Insured per head P		Certificate of	f Transfer of Large (	Cattle No.	Lubini alilimili dani de	DIUM5								
2. Total Sum Insured P 48,000 (1,119.20)  3. Extended Coverage for Epidemic Diseases:  3.1  3.2  3.3  ASSIGNEE/LOSS PAYEE  Address:  Contact No.  Date: CC7-19, 2017  Signature of Proponent	BW. #	001/5040	_	- v.a										
2. Total Sum Insured P 48,000 (1,119.20)  3. Extended Coverage for Epidemic Diseases:  3.1  3.2  3.3  ASSIGNEE/LOSS PAYEE  Address:  Contact No.  Date: CC7-19, 2017  Signature of Proponent	IV.	COVERAG		7-1	The second of th									
3. Extended Coverage for Epidemic Diseases:  3.1  3.2  3.3  ASSIGNEE/LOSS PAYEE  Address:  Contact No.  Date: CCT 19 2017  Signature of Proponent		1. Desired S	sum insured per head	1 P . 150 / head /2-	(44)									
3.1 3.2 3.3  ASSIGNEE/LOSS PAYEE  Address:  Contact No.  Date: CCT-19, 2017  Signature of Proponent		2. Total Sul	Covered P 48	1,219.20)										
ASSIGNEE/LOSS PAYEE  Address:  Contact No.  Date: CC7-19, 2017  Signature of Proponent		3.1	Coverage for Epide	mic Diseases:	TIME TO SERVICE STATE OF THE PARTY OF THE PA									
ASSIGNEE/LOSS PAYEE  Address: Contact No.  Date: CC7-19, 2017  Signature of Proponent		3.2			n 20 oct 20177									
ASSIGNEE/LOSS PAYEE  Address:  Contact No.  Date: CC7-19, 2017  Signature of Proponent		3.3												
Date: CC7-19, 2017  Signature of Proponent					W. L. W. C.									
Date: CC7-19, 2017  Signature of Proponent	ASSIGNE	E/LOSS PAYI	CE											
Date: CC7-19, 2017    HELTA   BELAKM   No Signature of Proponent	Address:													
Signature of Proponent	Contact N	0.												
Signature of Proponent	P/S	1:19 7212			Resorman									
Ar .	Date:	11,017		In the Party and Associated Spiriture and Asso										
REMEDIOS P. ALVARINA			( ) -		Signature of Proponent									
REMEDIOS P. ALVARINA			Vrv		5									
LSP Col portus			REMEDIA	An . 180 11 M										
LSP Coliportus			י לי למושוויים ז	TILYARINA	Signature of AT									
			LSP Coliport	Nes .	Signature of AT									

OP INSURANCE CORPORATION DNAL OFFICE NO. VIII **DECLARATION SUMMARY** 

222222 - 17-1181

Proponent: LUCRESIA G. CANONIGO et. Al PARINA GIPORLOS E. SAMAR

c/o PEO BORONGAN

OR No. IDS No. RO8-2016-Ц-RO8-16-SB-222222-16pppp pppp

											2	-			
TOTAL						Name of Owner LUCRESIA G. CANONIGO NENA P. BELARMINO		Name of Owner							
											LAYER	LAYER		Animal	
											6 MOS	5 MOS	Age		
1020											320 F	700 F	Sex	100	TDFNT
								8			breeding	breeding			
											breeding 10/20/17	breeding 10/20/17 10/20/18	From	Period of Cover	
											10/20/18	10/20/18	To	of Cover	
153,000.00	1	1	1	1	1	ı	ľ	ı	1	1	48,000.00	105,000.00	(₽)	Insured	Sum
7.00%											2.54%	2.54%		Rate	
7.00% 3,886.20	ı	ı	ı	1	1	1	,	1	1	ı	2.54% 1,219.20	2,667.00	( <del>P</del> )	Premium	
													( <del>P</del> )	Stamp	Doc.
													Tax	Prem.	5%
3,886.20	,	1	ı	,	1		î	ı	t		1,219.20	2,667.00	200	Premium	Total

Additional Premium Loading Hog Cholera 0.50%

Date Amount

OR No.

Salmonellosis Hoof & Mouth Disease 0.25%

0.25%

MA. ADELA DA G. AMOS IU/ACCOUNT OFFICER

CHIEF, MSD

NA 1811-26-14-804-17