

APPLICATION FORM FOR LIVESTOCK MORTALITY INSURANCE

☐ COMMERCIAL COVER ☐ NON-COMMERCIAL COVER ☐ SPECIAL COVER

NAME OF FARMER CANONIGO | LUCKESIA | GAYLON
Last name First name Ext. Middle Name
ADDRESS Purok #1 Brgy. Parina, Capiorlos, Eastern Samar
BIRTHDATE* Aug. 29, 1971 SPOUSE NAME* Ramil A. Canonigo
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 OCTOBER months/year from noon of _____ to noon of _____ while in the proponents farms located at _____.

I. Kind of Animal/s:

☐ Cattle ☐ Carabao ☐ Swine ☒ Poultry
☐ Horse ☐ Goat ☐ Other Specify _____

II. Purpose:

☐ Fattening ☐ Draft ☐ Broilers ☐ Pullets
☐ Breeding ☐ Milking ☒ Layers ☐ Parents Stock

III. Description of Animals to be insured:

Source of Stock: CHICKEN LAYER FOR EGG PRODUCTION
Breed: _____ Brand: _____
Ear Mark/tag : _____ Basic Color WHITE

No. of heads/Birds: 700 heads Number of Housing Units 1
Male : _____ Age _____ Number of Birds per Housing Units 700
Female _____ Age _____ 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 150.00/head (2442)
2. Total Sum Insured P 105,000 (21007)
3. Extended Coverage for Epidemic Diseases:
3.1 _____
3.2 _____
3.3 _____



ASSIGNEE/LOSS PAYEE _____

Address : _____
Contact No. _____

Date: October 19, 2017

LUCKESIA G. CANONIGO
Signature of Proponent

REMEDIOS A. ALVARINA
LSP Capiorlos

Signature of AT

APPLICATION FORM FOR LIVESTOCK MORTALITY INSURANCE

☐ COMMERCIAL COVER ☐ NON-COMMERCIAL COVER ☐ SPECIAL COVER

NAME OF FARMER BELARMINO | NERA | PAUER
Last name First name Ext. Middle Name
ADDRESS BRGY KARINA CIPORLOS E. SAMAR
BIRTHDATE* SEPT. 25, 1975 SPOUSE NAME* MARCELINE O. DELARMINO
CONTACT NO. 09065907526

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 OCTOBER months/year from noon of _____ to noon of _____ while in the proponents farms located at _____

I. Kind of Animal/s:

☐ Cattle ☐ Carabao ☐ Swine ☒ Poultry
☐ Horse ☐ Goat ☐ Other Specify

II. Purpose:

☐ Fattening ☐ Draft ☐ Broilers ☐ Pullets
☐ Breeding ☐ Milking ☒ Layers ☐ Parents Stock

III. Description of Animals to be insured:

Source of Stock: CHICKEN LAYER FOR EGG PRODUCTION
Breed: _____ Brand: _____
Ear Mark/tag: _____ Basic Color: WHITE

No. of heads/Birds: 320 Number of Housing Units: 1
Male: _____ Age: _____ Number of Birds per Housing Units: 320
Female: _____ Age: _____ Date of Purchase: APRIL 28, 2017

TOTAL No. of HEADS FOR ENROLLMENT

For Cattle and Carabao only:

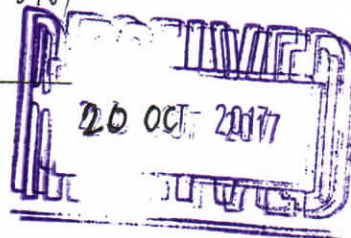
Certificate of Ownership of Large Cattle No. _____

Certificate of Transfer of Large Cattle No. _____



IV. COVERAGE:

1. Desired Sum Insured per head P 750/head (2548)
2. Total Sum Insured P 48,000 (1,219.20)
3. Extended Coverage for Epidemic Diseases:
 - 3.1 _____
 - 3.2 _____
 - 3.3 _____



ASSIGNEE/LOSS PAYEE _____

Address: _____

Contact No. _____

Date: OCT. 19, 2017

NERA DELARMINO
Signature of Proponent

REMEDIOS P. ALVARINA
LSP CIPORLOS
Signature of AT

22222-17-1181

IDS No.	RO8-2016-	PPPP
OR No.	222222-16-	L
LIP No.	LI-RO8-16-SB-	PPPP

18000 0497

Additional Premium Loading	
Hog Cholera	0.50%
Hoof & Mouth Disease	0.25%
Salmonellosis	0.25%

OR No.	
Date	
Amount	
By	

[Signature]
ONEL D. PESQUERA
CHIEF, MSD

4-208-17-PE-1181 *ppp*