

**PHILIPPINE CROP INSURANCE CORPORATION  
REGIONAL OFFICE NO. VIII, TACLOBAN CITY**

**INSURANCE DECLARATION SUMMARY**

*4-208-17-SF-1141*

PROPONENT	REBOSO, JOVITA L c/o SIKAP UFA		PROGRAM	RSBSA
ADDRESS	SAN MIGUEL, LEYTE			
KIND OF ANIMAL	SWINE	1	OR. NO.	-
PURPOSE	FATTENING		OR. DATE.	-
PERIOD OF COVER	10/28/2017	4/28/2018	LOGBOOK NO.	-
	FROM	TO	TOTAL AMOUNT COVERED	5,000.00
ADD. PREMIUM LOADING	HOG CHOLERA - 50%		TOTAL PREMIUM	200.00
	HOOF & MOUTH DISEASE - 25%		RATE	4.00%
	SALMONELLOSIS - 25%		SERVICE CHARGE (IF ANY)	-

	FARMER	AGE	SEX	BRAND/BREED	EAR TAG. NO.	CERT NO.	SUM INSURED	PREMIUM
1								
2								
3								
4								
5								
	<b>TOTAL</b>	<b>1</b>						

*RONEL D. PESQUERA*  
Chief, MSD

JONATHAN GATELA  
Solicitor

SIKAP UFA / PCIC RO8  
Authorized Signature

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

NAME OF FARMER Reboso | Levita | Labacado  
Last Name First Name Extension Middle Name  
ADDRESS Brgy. Patong San Miguel Dyt  
BIRTHDATE\* 08-15-57 SPOUSE NAME\* Ponciano C. Reboso  
CONTACT NO. 09074648601

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 \_\_\_\_\_ months/year from noon of \_\_\_\_\_ to noon of \_\_\_\_\_ while in the proponets 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: Local  
Breed: High bred Brand \_\_\_\_\_  
Ear Mark/tag: \_\_\_\_\_ Basic Color white

No. of heads/Birds: \_\_\_\_\_ Number of Housing Units \_\_\_\_\_  
Male : 1 Age 45 days Number of Birds per Housing Units \_\_\_\_\_  
Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Purchase \_\_\_\_\_

## **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:**

- Desired Sum Insured per head P \_\_\_\_\_
- Total Sum Insured P \_\_\_\_\_
- Extended Coverage for Epidemic Diseases: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

## **ASSIGNEE/LOSS PAYEE**

Address : \_\_\_\_\_  
Contact No. \_\_\_\_\_  
Date: \_\_\_\_\_



Levita L. Reboso  
Signature of Proponent

[Signature]  
Signature of AT