

APPLICATION FOR CROP INSURANCE

☐ NEW ☐ RICE ☐ SELF-FINANCED
☐ RENEWAL ☐ CORN ☐ BORROWING, LENDER: _____

DATE: _____
 (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.

BASIC INFORMATION**A. FARMER**

Name : _____ PCIC ID No.: _____

Last Name

First Name

Middle Name

Address: _____

No. & Street/Sitio

Barangay

Municipality

Province

Date of Birth : _____ Contact No.: _____

Sex:

Civil Status:

Indigenous Person:

☐ Male ☐ Single/Unmarried ☐ Widow/er ☐ Annulled ☐ Yes, Tribe: _____

☐ Female ☐ Married ☐ Legally Separated ☐ No ☐ No PCIC ID No.: _____

Spouse : _____

LEGAL BENEFICIARIES

AGE

RELATIONSHIP

Primary _____

Secondary _____

Assignee: _____ Reason of Assignment : _____

Bank Name

Bank Account No.

Bank Branch/Address

B. FARM

Area _____ hectare/s

Farm Location

Sitio

Barangay

Municipality

Province

Boundaries

BOUNDARIES SHOULD BE PRECISE NAMES OF ADJACENT LOT OWNERS

North

South

East

West

Variety

Planting Method ☐ Direct Seeding ☐ Transplanting

Date of Sowing

Date of Planting

Date of Harvest

Land Category

☐ IR

☐ RF

☐ UL

Soil Type

☐ CL

☐ SCL

☐ SiL

☐ SaL

☐ Others

Topography

☐ Flat

☐ Rolling

☐ Hilly

Source of Irrigation

☐ NIA/CIS

☐ DW

☐ SWIP

☐ STW

Tenurial Status

☐ Owner

☐ Lessee

REQUIREMENTS:

1. DULY ACCOMPLISHED APPLICATION FORM WITH ORIGINAL AT'S SIGNATURE
2. PHOTOCOPY OF ONE (1) GOVERNMENT ISSUED ID (WITH DATE OF BIRTH)
3. PHOTOCOPY OF RSBSA ENROLLMENT STUB

Land Category	Soil Type	Source of Irrigation
IR Irrigated	CL Clay Loam	NIA/CIS National Irrigation Administration
RF Rain fed	SCL Silty Clay Loam	DW Deep well
UL Upland	SiL Silty Loam	SWIP Small Water Impounding Project
	SaL Sandy Loam	STW Shallow Tube Well

C. COVERAGE

Crop ☐ RICE ☐ CORN Type of Cover ☐ MULTI-RISK ☐ NATURAL DISASTER
 Amount of Cover _____ Premium _____
 CLTI-ADSS _____
 Sum Insured _____ Premium _____

D. FOR PCIC USE

Phase

Rice Wet _____

Dry _____

Corn A _____

B _____

CIC No. _____

Date Issued _____

COC No. _____

Date Issued _____

Period of Cover _____

CERTIFICATION

I hereby certify that the above information are true and correct to the best of my knowledge.

Signature/Thumb Mark over Printed Name of Farmer Applicant

I hereby certify that the above farmer-applicant follows Package of Technology/Good Agricultural Practices, and that, for crop already planted at the time of application, no risk insured against has occurred.

Date _____

Signature over Printed Name of Supervising Agricultural Technologist/Account Officer