Republic of the Philippines

Department of Finance

**PHILIPPINE CROP INSURANCE CORPORATION**

Regional Office No. V

**APPLICATION FOR**

**ACCIDENT and DISMEMBERMENT SECURITY SCHEME (ADS2)**

|  |  |  |
| --- | --- | --- |
| **Name of Applicant:** | | **IP Tribe:** |
| **Address:** | | |
| **Telephone/Cell No.:** | | **Marital Status:** |
| **Name of Spouse:** | | **No. of Dependent:** |
| **Place of Birth:** | | **Date of Birth:** |
| **Age:** | | **Sex:** |
| **Occupation:** | | |
| **Name of Employer:** | | |
| **Desired Coverage:** | | **Premium:** |
| **Period of Cover** | | |
| **From:** | | **To:** |
| **Beneficiaries** | | |
| **Primary** | | **Relationship** |
| **Secondary** | | **Relationship** |
| **If minor, name of trustee:** | | |
|  | | |
| If the applicant is a minor, parental consent is required: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | **(Signature Over Printed Name)** | |

Are you a family member or a worker of a farmer who has an existing insurance coverage with the Philippine Crop Insurance Corporation (PCIC)? \_\_\_Yes \_\_\_No

If yes, please indicate below the name, address, and your relationship with him/her.

|  |  |
| --- | --- |
| **Name of Farmer:** | **Relationship:** |
| **Address:** | |

I hereby certify that the forgoing information is true and correct, signed in person. If the application shall be approved, the insurance shall be deemed based upon the information contained herein. I further agree that PCIC reserves the right to reject and/or void the insurance if found that there will be fraud, concealment or misrepresentation on this information.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name & Signature of Witness** | **Signature of Applicant** |