

APPLICATION FOR CROP INSURANCE
(Individual Application)

☐ NEW ☐ *RENEWAL

☐ RICE
☐ CORN

☐ SELF-FINANCED LENDER
☐ BORROWING

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.

**NOTE: For renewal of coverage, fill-out only the information required in B.3 to B.7. and C.*

I. BASIC INFORMATION

A. The Farmer

Last Name

First Name

Middle Name

No. & Street/Sitio

Barangay

Municipality

Province

Cell phone Number

Sex: ☐ Male ☐ Female

/

/

Age

Bank Name

Bank Account No.

Date of Birth (mm/dd/yyyy)

Civil Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated

Bank Branch / Address

*If married, Name of Spouse

Name of Legal

Beneficiaries:

Age

Relationship

(a) Primary

(b) Secondary

Assignee

Reason for Assignment

B. The Farm

[use separate sheet of application paper if more than three (3) lots]

Particulars	Lot 1 ha.	Lot 2 ha.	Lot 3 ha.
B.1. Farm Location/LSP			
Sitio			
Barangay			
Municipality			
Province			
B.2. Boundaries			
North			
South			
East			
West			
B.3. Variety			
B.4. Planting Method ¹	() DS () TP	() DS () TP	() DS () TP
B.5. Date of Sowing			
B.6. Date of Planting			
B.7. Date of Harvest			
B.8. Land Category ²	() IR () RF () UL	() IR () RF () UL	() IR () RF () UL
B.9. Soil Type ³	() CL () SCL () SIL () SaL () Others	() CL () SCL () SIL () SaL () Others	() CL () SCL () SIL () SaL () Others
B.10. Topography	() Flat () Rolling () Hilly	() Flat () Rolling () Hilly	() Flat () Rolling () Hilly
B.11. Source of Irrigation ⁴	() NIA/CIS () DW () SWIP () STW	() NIA/CIS () DW () SWIP () STW	() NIA/CIS () DW () SWIP () STW
B.12. Tenurial Status	() Owner () Lessee	() Owner () Lessee	() Owner () Lessee

C. The Coverage

Crop: ☐ RICE ☐ CORN

Type of Cover: ☐ MULTI-RISK ☐ NATURAL DISASTER

Amount of Cover: Premium:

CLTIP – ADSS: Sum Insured (SI): Premium:

D. For PCIC use:

Phase: Rice: Wet Dry Corn: A. B.

CIC No.: Date Issued: COC No.: Date Issued: Period of Cover: From To

II. CERTIFICATION

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

Signature / Thumb Mark over Printed Name

Farmer - Applicant

I hereby certify that the above farmer-applicant follows POT/GAP⁵, and that, for crop already planted at the time of application, no risk insured against has occurred.

Date:

Signature over Printed Name

Supervising Agricultural Technologist/Account Officer

Legends:

¹Planting Method:
(1) DS – Direct Seeding
(2) TP – Transplanting

²Land Category:
(1) IR – Irrigated
(2) RF – Rainfed
(3)UL–Upland
(4) SaL – Sandy Loam

³Soil Type:
(1) CL – Clay Loam
(2) SCL – Silty Clay Loam
(3)SIL – SiltyLoam
(4) STW – Shallow Tube Well

⁴Source of Irrigation:
(1) NIA/CIS – National Irrigation Administration/
Communal Irrigation System
(2) DW – Deep Well
(3) SWIP – Small Water Impounding Project
(4) STW – Shallow Tube Well

⁵POT/GAP
Package of Technology/
Good Agricultural Practice