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|  | | PHILIPPINE CROP INSURANCE CORPORATION  Region |  |  |  | **RC-UPI-10**  ***2017/FEB*** |
| **APPLICATION FOR CROP INSURANCE**  **(Individual Application)** |  |  |  |  |
| NEW \*RENEWAL |  |  |  |  |
|  |  |  |  |  | | |
| RICE |  | SELF-FINANCED LENDER DATE// |  |
| CORN |  | BORROWING | (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.

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

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| **I. BASIC INFORMATION**  A. The Farmer    Last Name First Name  No. & Street/Sitio Barangay Municipality Province | | | | | | | | | Middle Name  Cell phone Number | |
| Sex: Male / / | |  |  |  |  | Age Bank Name | | | | |
| Female Date of Birth (mm/dd/yyyy) Bank Account No.  Civil Status: gle Mar Wid /erSeparated Bank Branch / Address \*If married, Name of Spouse Name of Legal Beneficiaries: Age Relationship   1. Primary 2. 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 Method1** | ( ) DS ( ) TP | | | | | | ( ) DS ( ) TP | | ( ) DS ( ) TP |
| **B.5. Date of Sowing** |  | | | | | |  | |  |
| **B.6. Date of Planting** |  | | | | | |  | |  |
| **B.7. Date of Harvest** |  | | | | | |  | |  |
| **B.8. Land Category2** | ( ) IR ( ) RF ( ) UL | | | | | | ( ) IR ( ) RF ( ) UL | | ( ) IR ( ) RF ( ) UL |
| **B.9. Soil Type3** | ( )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 Irrigation4** | ( )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 Type of Cover: MULTI-RISK  CORN 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*** | | | | | | | | | | |

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| ***Legends:*** |  | | | |
| **1Planting Method:** | **2Land Category:** | **3Soil Type:** | **4Source of Irrigation:** | **5POT/GAP** |
| (1) DS – Direct Seeding | (1) IR – Irrigated | (1) CL – Clay Loam | (1) NIA/CIS – National Irrigation Administration/ | Package of Technology/ |
| (2) TP – Transplanting | (2) RF – Rainfed | (2) SCL – Silty Clay Loam | Communal Irrigation System | Good Agricultural Practice |
|  | (3)UL–Upland | (3)SiL – SiltyLoam | (2) DW – Deep Well |  |

(4) SaL – Sandy Loam (3) SWIP – Small Water Impounding Project

(4) STW – Shallow Tube Well