

6/F Zuellig Building, Makati Avenue cor. Paseo de Roxas  
 1225 Makati City, Philippines

**t** (632) 859 1200 / (632) 662 8600

**f** (632) 811 5108

**w** www.fpgins.com.ph

MEMBER OF THE ZUELLIG GROUP

Name of your Insurance Agent or Broker (if any): .....

**APPLICANT'S INFORMATION**

<b>Name:</b> Applicant/Home Owner		<b>Address:</b>		<b>Email:</b>	
<b>Telephone/Mobile:</b>	<b>Email:</b>	<b>Date of Birth:</b>	<b>Sex:</b>	<b>Civil Status:</b>	

**Company/Business**

<b>Name:</b>	<b>Address:</b>	<b>Phone/Fax:</b>
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**PROPERTY INFORMATION**
**Location of Risk**

Condominium Bldg. Name .....  
 Unit # ..... Floor/Level where the unit is located ..... Bldg # .....  
 Street/Road Name ..... Subd/Village .....  
 Brgy ..... City/Province .....

**Occupancy**

Please put a check on the appropriate box

Owned  Rented/Leased  Others, please specify .....  
 Any previous loss? No  Yes  Others, please specify .....  
 Estimated Floor Area of Unit ..... No. of storeys ..... Age of Building ..... Year Built ..... No. of storeys .....

**Roofing Material**

GL Sheets  Hardroof Deck  Ceramic/Tegula Tile  Others, please specify .....

**Surrounding Details of the Building where the Property to be insured is located**

Note: In describing the Surrounding details, Applicant should take the position inside the building facing its front area.

Front .....  
 Back .....  
 Left .....  
 Right .....

**COVERAGE**

**Property to be Insured**

**Note:** Contents include appliances, furniture and personal belongings except cash, jewelry and securities.

.....  
 .....  
 .....

**Sum Insured to be based on**

**Note:** Contents include appliances, furniture and personal belongings except cash, jewelry and securities.

Please put a check on the appropriate box

<input type="checkbox"/> <b>SOUND VALUE –</b> replacement cost of the building less physical depreciation.	<input type="checkbox"/> <b>NEW REPLACEMENT VALUE –</b> cost of constructing another building of the same design, layout and size with materials of the kind and quality.
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Items to be insured	Sum Insured/Limit	Items to be insured	Sum Insured/Limit
		If higher limits of liability are required, please specify the amount	
Furniture, Fixtures & Fittings	.....	Burglar/Robbery Cover	.....
Leasehold & Improvements	.....	Family Personal Accident	.....
Special Assessment	.....	Loss of Rental Income	.....
		Public Liability Cover	.....

**Plan Type**

Please put a check on the appropriate box

Option 1       Option 2

**FOR FAMILY PERSONAL ACCIDENT**

**Note:**

1. Coverage is up to (4) Family members only, including the applicant
2. Maximum acceptance age limits for Applicant/Adult Family members is 64 years old and Child is at last months old and below the age of 21.

Name	Sex	Relationship	Date of Birth <small>(mm-dd-yyyy)</small>

Mortgagee (if property is mortgaged) .....

**Period of Insurance**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**I HEREBY DECLARE AND WARRANT** the answers given are in every respect true and correct; and have not withheld any information likely to affect acceptance of this Proposal;

**I HEREBY DECLARE** that the person(s) to be insured is/are in good health and free from any physical impairment. I will give notice to the Company of any changes in health and occupation of the person(s).

I further agree that this Proposal Declaration shall be the basis of the Contract between FPG and me.

.....  
 Signature of Applicant  
 Over printed name

.....  
 Date