

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

| | | | | | |
|--------------------------------------|---------------|-----------------------|-------------|----------------------|--|
| Name: Applicant/Home Owner | | Address: | | Email: | |
| Telephone/Mobile: | Email: | Date of Birth: | Sex: | Civil Status: | |

Company/Business

| | | |
|--------------|-----------------|-------------------|
| Name: | Address: | Phone/Fax: |
|--------------|-----------------|-------------------|

PROPERTY INFORMATION

Location of Risk

Occupancy

Please put a check on the appropriate box

Owned Rented/Leased Others, please specify

Any previous loss? No Yes Others, please specify

Height 1 storey 2 storey More, please specify

Age of Building Age of Building

| | | | | |
|------------------------------|----------------|-----------------|------------|----------------|
| Estimated Floor Area of Unit | No. of storeys | Age of Building | Year Built | No. of storeys |
|------------------------------|----------------|-----------------|------------|----------------|

House Construction

ROOFING Concrete GL Sheets Wood/Timber Others, please specify

WALLS Concrete Others, please specify

FLOORS Concrete Others, please specify

Boundaries

Front (usually by a street, road)

Back (e.g. vacant lot, residential bldg)

Left (e.g. vacant lot, residential bldg)

Right (e.g. vacant lot, residential bldg)

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"/> SOUND VALUE – replacement cost of the building less physical depreciation. | <input type="checkbox"/> NEW REPLACEMENT VALUE – cost of constructing another building of the same design, layout and size with materials of the kind and quality. |
|--|---|

| 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 | |
| Residential Building | | Burglar/Robbery Cover | |
| Household Content | | Family Personal Accident | |
| Leasehold & Improvements | | Public Liability Cover | |

Plan Type

Please put a check on the appropriate box

Plan 1 Plan 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.

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

| 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