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 1225 Makati City, Philippines

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MEMBER OF THE ZUELLIG GROUP

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

APPLICANT'S INFORMATION

Name of Applicant/Registered Owner:	Date of birth:	Civil Status:
Email:	Tel/Mobile:	Sex:
Address:		
Business/Employer's Name:		

VEHICLE INFORMATION

Year/Make/Model/Transmission:	Serial/Chassis No.:	Color:
Plate/CSticker No.:	Motor/Engine No.:	MV File No.:
Vehicle Fair Market Value:	Mortgagee (if vehicle is mortgaged):	

Non-Standard Accessories (please write below, if there's any):

ITEMS:	ESTIMATED VALUE:

OPTIONAL COVER Please check the box of your choice

With Acts of Nature <input type="checkbox"/>	With Auto PA <input type="checkbox"/>	With CTPL <input type="checkbox"/>
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Period of Insurance: From (MM-DD-YYYY)	To (MM-DD-YYYY)
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I HEREBY DECLARE AND WARRANT

 the answers given above are in every respect true and correct; and have not withheld any information likely to affect acceptance of this Proposal;
 I further agree that this Proposal Declaration shall be the basis of the Contract between Federal Phoenix and me.

 Signature of Applicant over printed name

 Date