

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): .....

PROPOSER'S PARTICULARS (Principal Insured)				
Name:	Address:	Occupation:	Date of Birth:	Sex:
Company/Business				
Name:	Address:	Telephone/Mobile:		

Policy Period:	
From:	To:

CHOICE OF PLAN <span style="float: right;">Please put a check on the appropriate box</span>			
	Class 1	Class II	Class III
Principal Insured Only			
Principal Insured & Spouse/Parent			
Principal Insured & Family			

*FAMILY PARTICULARS <span style="float: right;">*(Please fill our necessary info below only if applicable)</span>				
	Full Name	Sex	Date of Birth	Occupation / Level Of Education
Spouse or Parent(s)				
Child or Sibling				
Child or Sibling				
Child or Sibling				
Child or Sibling				

**DECLARATION:**

**I DO HEREBY DECLARE AND WARRANT** the answers given above in every aspect are true and correct; and I have not withheld any information likely to affect acceptance of this Proposal; and agree that this Proposal Declaration shall be the basis of the Contract between the Company and me. And I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

**I DO 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).

 .....  
 Signature of Proposer

 .....  
 Date