

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)

<b>Name:</b>	<b>Address:</b>	<b>Occupation:</b>	<b>Date of Birth:</b>	<b>Sex:</b>

**Company/Business**

<b>Name:</b>	<b>Address:</b>	<b>Telephone/Mobile:</b>

**Policy Period:**

<b>From:</b>	<b>To:</b>

**CHOICE OF PLAN**

Please put a check on the appropriate box

No. of Travel days	Plan I	Plan II	Plan III	Plan IV	Plan V
1-5 days					
6-12 days					
13-21 days					
22-31 days					
Additional week					

**WARRANTY:**

The Insured Person is not travelling contrary to the advice of a Medical Practitioner or for the purpose of obtaining medical treatment.

 .....  
 Signature of Proposer

 .....  
 Date