

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** .....  
 .....  
 .....  
 .....

**Occupancy**

Please put a check on the appropriate box

Owned  Rented/Leased  Others, please specify .....

Any previous loss? No  Yes  Others, please specify .....

<b>Estimated Floor Area of Unit</b> .....	<b>No. of storeys</b> .....	<b>Age of Building</b> .....	<b>Year Built</b> .....	<b>No. of storeys</b> .....
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**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.		
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	
Building	.....	Burglar/Robbery Cover	.....
Office	.....	Money & Securities	.....
Furniture, Fixtures & Fittings	.....	Signage/Plate Glass	.....
		PA Coverage	.....

**Plan Type**

Please put a check on the appropriate box

Main Coverage       Main Plus Optional Coverages

**EMPLOYEES TO BE COVERED UNDER PERSONAL ACCIDENT**

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