



ANNUAL INLAND MARINE APPLICATION FORM – CORPORATE CLIENT

*Client information as mandated under the Phil. Anti-Money Laundering Act (AMLA) R.A No.10365 as amended.
Complete information is required before a policy is issued.*

Business/Company Name:		
Business/Company Address:	Contact No.:	
	E-mail Address:	
Nature of Business:	TIN:	
Date of Incorporation:	Place of Registration:	
List of Directors/Partners:	List of Principal Stockholders Owning at least 2% of capital stock (or attach the latest General Information Sheet):	
Beneficial Owners, if any:		
Name of authorized representative:	Position:	Contact No.:
Form completed by:	Position:	Date:



Please attach Articles of Incorporation/Partnership and By-Laws

UNDERWRITING DETAILS

Cargo Information

Cargo Description

Areas of Operation

Frequency of Deliveries

Annual Turnover Volume

Limit of Liability per Conveyance

Details of Conveyance

Conveyance

Owned Hired from _____

Type

Number of Units

Other Details

Loss Experience

Loss experience for the past (3) three years

Date	Nature/Details	Amount

Do you have an existing agent with BPI/MS? None Yes Agent's Name: _____

Note: This Application, if approved, shall form part of and shall be the sole basis in issuing the Personal Accident Insurance Policy. Any material fact disclosed or misrepresented at the time this Application is accomplished, shall exempt the Insurer from any liability caused or brought about by such undisclosed or misrepresented material fact.



"I hereby authorize BPI/MS to inquire about and investigate all the declared information from whatever sources BPI/MS may consider appropriate and use any contact details to communicate to me for whatever purpose (such as customer satisfaction surveys, etc.)."

Signature of Applicant

Date

"Financial product/s of BPI/MS is/ are not insured by the Philippine Deposit Insurance Corporation and is/are not guaranteed by the Bank of the Philippine Islands."

PAYMENT OPTIONS

- Cash BPI Debit Card BPI Express Online Credit Card

Please refer to the Payment Facilities page for more details.

To be accomplished by BPI personnel

TRACKING FORM

Client's RM No.:
Referrer's name:
Referrer's Employee No.:
Referring Branch code:
Referring Branch name:
Dealer's name: