



BUSINESS CARE ADVANTAGE 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:
<i>Please attach Articles of Incorporation/Partnership and By-Laws</i>		



PROPERTY DETAILS

Location of Risk:					
Period of Insurance: From _____ To _____					
Sum Insured:		Mortgage			
Building	Php _____	Name of Bank: _____			
Contents (Office FFF, Stocks etc)	Php _____	Amount of Mortgage: _____			
Leasehold Improvements	Php _____				
Roofing Material:		No. Of Storeys:			
<input type="checkbox"/> GI Sheets <input type="checkbox"/> Hard roof deck <input type="checkbox"/> Ceramic / Tegula Tile <input type="checkbox"/> Others, please specify: _____		Year Built/Age of Building:			
		Estimated Floor Area:			
SURROUNDING DETAILS*		Bldg. At Front	Bldg. At Right	Bldg. At Left	Bldg. At Rear
Distance of Risk from surrounding buildings.		_____ mtrs.	_____ mtrs.	_____ mtrs.	_____ mtrs.
Exterior walls construction (pls. check)					
a. Concrete		a.	a.	a.	a.
b. Timber / Wood		b.	b.	b.	b.
c. Others		c.	c.	c.	c.
Depository Bank:		Depository Bank Address:			
Did you experience any loss from fire, burglary or robbery, third party liability, typhoon or other damage to your property before?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details (nature of claim, date, cause of loss, amount of loss)					

* NOTE: In describing the Surrounding Details, Assured should take the position inside the bldg. Facing its front area.

EMPLOYEES TO BE COVERED UNDER GROUP PERSONAL ACCIDENT

Name	Birthday	Relation to Applicant	Beneficiary
1.			
2.			
3.			
4.			

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 Business Care Advantage Policy. Any material fact concealed 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: