



COMPREHENSIVE GENERAL LIABILITY APPLICATION FORM – INDIVIDUAL 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.*

Complete Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality:	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow	Date of Birth:	Place of Birth:
Residence Address:		Contact No.:	E-mail Address:
TIN, SSS, GSIS, Driver's License or Passport No.(For Driver's License and Passport, please indicate "Date of Expiry"):			
Nature of Business/Employer:		Occupation/Designation:	
Business/Employer Address:			
Name of Beneficiary/Relationship, if applicable:			
If unemployed, please state source of funds:		Net Annual Income:	
Please check your preferred mailing address: <input type="checkbox"/> Residence Address <input type="checkbox"/> Business Address			

UNDERWRITING DETAILS

Business Name:	
Location of Premises to be covered:	
Nature of Operation undertaken on the Premises: <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Hotel <input type="checkbox"/> Resort <input type="checkbox"/> Restaurant <input type="checkbox"/> Factory <input type="checkbox"/> Motor Shop <input type="checkbox"/> Spa <input type="checkbox"/> Salon <input type="checkbox"/> Retail Store <input type="checkbox"/> Others, please specify _____	
Total Floor Area (in square meters)	Amount of Insurance Requested
Do you want to extend coverage beyond general public liability for the following exposure?	
Automobile Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide total number of vehicles owned/leased/maintained _____</i>
Broad Water Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No



BPI / MS Insurance Corporation

Car Park Liability Yes No *If yes, please provide total number of parking slots* _____

- Cross Liability Yes No *If yes, please provide name of co-insured* _____
- Employer's Liability Yes No *If yes, please provide total number of employees* _____
- Fire & Explosion Liability Yes No
- Fire Legal Liability Yes No
- Food & Drink Liability Yes No *If yes, please provide total number of seating capacity* _____
- Garage Keeper's Liability Yes No *If yes, please provide total number of parking slot* _____
- Innkeeper's Liability Yes No *If yes, please provide total number of room* _____
- Personal Injury & Advertising Yes No
- Offense Liability Yes No
- Premises Medical Payments Yes No
- 72 Hours Sudden & Accidental Pollution Yes No
- Tenant's Legal Liability Yes No
- Valet Parking Liability Yes No *If yes, please provide total number of valet parking slots* _____

Valet Drivers :

	<i>Name</i>	<i>Age</i>	<i>License #</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Loss History

- Have you had any losses, claims or incidents during the last 5 years? Yes No
 If yes, please provide details _____
- Has any Insurer canceled, declined, or refused to renew any liability insurance policy? Yes No
 If yes, please provide details _____

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 Comprehensive General Liability 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."



BPI / MS Insurance Corporation

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