



COMPREHENSIVE GENERAL LIABILITY 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>		



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																
Car Park Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide total number of parking slots _____</i>																
Cross Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide name of co-insured _____</i>																
Employer's Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide total number of employees _____</i>																
Fire & Explosion Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Fire Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Food & Drink Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide total number of seating capacity _____</i>																
Garage Keeper's Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide total number of parking slot _____</i>																
Innkeeper's Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide total number of room _____</i>																
Personal Injury & Advertising Offense Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Premises Medical Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No																
72 Hours Sudden & Accidental Pollution	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Tenant's Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Valet Parking Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide total number of valet parking slots _____</i>																
Valet Drivers : <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Name</th> <th style="width: 20%; text-align: center;">Age</th> <th style="width: 30%; text-align: center;">License #</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">2.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">3.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Name	Age	License #	1.	_____	_____	_____	2.	_____	_____	_____	3.	_____	_____	_____
	Name	Age	License #														
1.	_____	_____	_____														
2.	_____	_____	_____														
3.	_____	_____	_____														
Loss History																	
Have you had any losses, claims or incidents during the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
If yes, please provide details _____																	
Has any Insurer canceled, declined, or refused to renew any liability insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> 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."

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