



FIRE INSURANCE 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.*

- Residential Warehouse
 Commercial Industrial

| | | | |
|--|--|---|-----------------|
| Complete Name: | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Citizenship: | 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: | | Telephone/Mobile/Fax No.: | |
| | | Email Address: | |
| SSS, GSIS, Driver's License or Passport No. (For Driver's License and Passport, please indicate "Date of Expiry"): | | | TIN: |
| Name of Business/Employer: | | Occupation/Designation: | |
| Business/Employer Address: | | Contact No.: | |
| | | Fax No.: | |
| Nature of Business (If self-employed): | | | |
| If unemployed, please state source of funds: | | | |
| Name of Beneficiary/Relationship, if applicable: | | | |
| Address of Beneficiary: | | | |
| Please check your preferred mailing address: <input type="checkbox"/> Residence Address <input type="checkbox"/> Business Address | | | |



UNDERWRITING DETAILS

BUILDING

| | | | |
|---|--|---|-------|
| Address of Property to be Insured | | | |
| Description of Building | | | |
| Nearest Landmark | | | |
| Properties to be Insured | | | |
| Amount of Insurance Applied for | | No. of detached buildings | |
| Age of Building | | Basement | |
| No. of storeys/floors | | Total Ground Floor Area | |
| The Property is Occupied as <input type="checkbox"/> Residential <input type="checkbox"/> Warehouse <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <i>*For properties occupied as commercial and industrial, please indicate nature of business. For warehouse, indicate the type of goods in storage _____</i> | | | |
| The roof is made of? <input type="checkbox"/> GI Sheet <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Tegula <input type="checkbox"/> Others (please specify) _____ | | The exterior walls are made of? <input type="checkbox"/> Concrete/Concrete Hollow Blocks <input type="checkbox"/> Concrete/Concrete Hollow Blocks with Timber <input type="checkbox"/> Others (please specify) _____ | |
| Boundaries (Houses, Buildings or Street surrounding the property) | | | |
| | Occupancy | No. of Storeys | Roof |
| Front | _____ | _____ | _____ |
| Right | _____ | _____ | _____ |
| Left | _____ | _____ | _____ |
| Rear | _____ | _____ | _____ |
| CONTENTS | | | |
| <input type="checkbox"/> Furnitures, Fixtures, Fitting | Amount: _____ | Description : _____ | |
| <input type="checkbox"/> Leasehold Improvement / FFFE | Amount: _____ | Description : _____ | |
| <input type="checkbox"/> Machinery / Equipment | Amount: _____ | Description : _____ | |
| <input type="checkbox"/> Stocks | Amount: _____ | Description : _____ | |
| <input type="checkbox"/> Others (Please Specify) | Amount: _____ | Description : _____ | |
| Desired Coverage | | | |
| <input type="checkbox"/> Fire & Lightning | <input type="checkbox"/> Typhoon | <input type="checkbox"/> Extended Coverage | |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Flood | <input type="checkbox"/> Riot, Strike, Malicious damage | |
| <input type="checkbox"/> Robbery & Burglary | <input type="checkbox"/> Others (please specify) | | |
| With Grills | _____ Yes _____ No | _____ | |
| With Security Guards | _____ Yes _____ No | _____ | |
| With Perimeter Fence | _____ Yes _____ No | _____ | |
| Height of Perimeter Fence | _____ | | |



| | | | |
|------|--|-------|------------------------------------|
| | | | (FOR UNDERWRITING USE ONLY) |
| | | | Location Code: _____ |
| | FRONT BLOCK WHERE PROPERTY IS LOCATED REAR | | District No./Name: _____ |
| LEFT | | RIGHT | Block No.: _____ |
| | | | Risk No.: _____ |
| | | | Earthquake Zone: _____ |

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 Fire 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: |