



HOME 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

Address of Property to be insured:																										
Nearest Landmark:																										
Properties to be insured Amount of Insurance Applied for: <input type="checkbox"/> Building Php _____ <input type="checkbox"/> Contents Php _____	Age of building: <hr/> No. of storeys/floors <hr/> Period of Insurance From 4:00 PM of _____ to 4:00 PM of _____																									
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: _____	Houses, Buildings or Streets surrounding the property: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Occupancy</th> <th style="width: 15%;">No. of Storeys</th> <th style="width: 15%;">Roof</th> <th style="width: 15%;">Exterior Walls</th> </tr> </thead> <tbody> <tr> <td>Front</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Right</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Left</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Rear</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Occupancy	No. of Storeys	Roof	Exterior Walls	Front	_____	_____	_____	_____	Right	_____	_____	_____	_____	Left	_____	_____	_____	_____	Rear	_____	_____	_____	_____
	Occupancy	No. of Storeys	Roof	Exterior Walls																						
Front	_____	_____	_____	_____																						
Right	_____	_____	_____	_____																						
Left	_____	_____	_____	_____																						
Rear	_____	_____	_____	_____																						
The exterior walls are made of: <input type="checkbox"/> Concrete/Concrete Hollow Blocks <input type="checkbox"/> Concrete/Concrete Hollow Blocks with Timber Blocks <input type="checkbox"/> Timber Blocks <input type="checkbox"/> Others, please specify: _____																										
Are you the: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Part Owner <input type="checkbox"/> Mortgagor <input type="checkbox"/> Contractor <input type="checkbox"/> Others, please specify: _____																										
The property is mortgaged, or will be mortgaged with:																										
Do you have an existing insurance? <input type="checkbox"/> None <input type="checkbox"/> Yes, Insurance Company: _____ Property Covered : <input type="checkbox"/> Building <input type="checkbox"/> Contents	Have you had a fire loss in this or other premises? <input type="checkbox"/> No <input type="checkbox"/> Yes, When? _____ Nature of Loss: _____ Address of Property: _____ Insurance Company: _____																									

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

FAMILY MEMBERS TO BE COVERED UNDER GROUP PERSONAL ACCIDENT

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

HOUSEHOLD HELP MEMBERS TO BE COVERED UNDER GROUP PERSONAL ACCIDENT (maximum of 3)

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



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 Home 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: