



MARINE HULL 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	
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

Vessel Information

Name of Vessel

Former Name (if any)

Type of Vessel	Hull
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Year/Place Built	Year/Place Rebuilt
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GRT/NT	Dimensions
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Classification	Flag of Vessel
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Hull Value (Hull & Machinery)	Amount to be Insured
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Trading Limits

Coverage Required

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Loss Experience

<u>Date</u>	Nature/Details	Amount

- Please attach a copy of your **Company Profile** & the Vessel's most recent **Condition-Valuation Survey Report**.

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 Personal Accident 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: