



**MARINE OPEN POLICY 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:			
<b>Please check your preferred mailing address:</b> <input type="checkbox"/> Residence Address <input type="checkbox"/> Business Address			

**UNDERWRITING DETAILS**

**Cargo Information**

Cargo Description

Detailed Packaging

Containerized (FCL, LCL etc.)  Non-Containerized

Origin



Destination

Transshipment

Frequency of Shipments

Annual Turnover Volume

% Mark-up (expenses and margin for profit)

**Limit of Liability**

Per Vessel	Per Aircraft	Per Truck
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**Loss Experience**

Loss experience for the past (3) three years

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

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.*



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**To be accomplished by BPI personnel**

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**TRACKING FORM**

Client's RM No.:
Referrer's name:
Referrer's Employee No.:
Referring Branch code:
Referring Branch name:
Dealer's name: