



PHILIPPINE CROP INSURANCE CORPORATION

2nd Floor, Rizal Commercial Center, J.P. Rizal St. Cor. M.H. del Pilar St.,
Calamba, Laguna
Tele Fax.Nos. (049) 545-5943

APPLICATION FOR FISHING BOAT/VESSEL INSURANCE

Date: _____

Sir/Madam:

I hereby apply for fishing boat/vessel insurance coverage under the terms and conditions of the General Provisions of Philippine Crop Insurance Corporation Fishing Boat/ Vessel Insurance.

I. BASIC INFORMATION:

Name of LGU/Cooperative/Association: _____
Registered Owner: _____ Age: _____ Date of Birth: _____
Address: _____
Contact : _____
Beneficiary: _____

II. TYPE OF PROPERTY:

- Motorized boat
- Non-Motorized boat
- Other boat/vessel

III. BOAT/VESSEL DESCRIPTION:

Type: _____
Materials: _____
Color: _____ (Please attached colored picture of the property)
Length (meters): _____
Breadth (meters): _____
Tonnage: _____
Depth (meters): _____
Engine Number: _____ (for motorized boat/vessel)
Year Built: _____
Ownership/LGU Certificate Number: _____
Others: _____

IV. INSURANCE INFORMATION:

Desired Amount of Cover: (Php) _____
Proposed Period of Coverage: From _____ to _____
Origin : Municipality of _____
Destination : _____

Proponent:

(Name and Signature)