



APPLICATION FOR LIVESTOCK MORTALITY INSURANCE

[] COMMERCIAL COVER [] NON-COMMERCIAL COVER [] SPECIAL COVER

NAME OF APPLICANT : _____
 ADDRESS : _____
 CONTACT NO. : _____ DATE OF BIRTH : _____
 MARITAL STATUS : _____ IP TRIBE: _____
 NAME OF SPOUSE : _____ GENDER : _____

Hereby proposes for insurance coverage of animal/s listed below under the terms and conditions of the General Provision for PCIC Livestock Mortality Insurance for a period of _____ months/year from noon of _____ to noon of _____ while in the proponent's farms located at _____

I. Type of Animal/s :

[] Cattle [] Carabao [] Swine [] Poultry
 [] Horse [] Goat [] Other Specify _____

II. Purpose

[] Fattening [] Draft [] Broilers [] Pullets
 [] Breeding [] Milking [] Layers [] Parent Stock

III. Description of Animals to be insured

Source of Stock : _____
 Breed : _____ Brand: _____
 Ear Mark/Tag : _____ Basic Color: _____

No. of Heads/Birds: _____ No. of Housing : _____
 Male : _____ Age: _____ No. of Birds per Housing Unit: _____
 Female : _____ Age: _____ Date of Purchase : _____

Total Number of Heads for Enrollment : _____

For Cattle and Carabao only:

Certificate of Ownership of Large Cattle No.: _____
 Certificate of Transfer of Large Cattle No.: _____

IV. Coverage

1. Desired Sum Insured per Head: Php _____
2. Total Sum Insured : Php _____
3. Extended Coverage for Epidemic Diseases:
 - 3.1 _____
 - 3.2 _____
 - 3.3 _____

ASSIGNEE/LOSS PAYEE : _____
 Address : _____
 Contact No. : _____

 Signature of Applicant

CERTIFIED CORRECT:

 Signature Over Printed Name of
 Agricultural Technologist

 Date