

INSURANCE COVERAGE INFORMATION			
<input type="checkbox"/> <b>GROUP LIFE INSURANCE</b> <b>Plan of Insurance:</b> _____ <b>Riders:</b> <input type="checkbox"/> Accidental Death & Dismemberment Benefit <input type="checkbox"/> Total & Permanent Disability Income Benefit <input type="checkbox"/> Critical Illness Benefit <input type="checkbox"/> Hospital Income Benefit <input type="checkbox"/> Terminal Illness Benefit <input type="checkbox"/> Others _____	<input type="checkbox"/> <b>CREDIT LIFE INSURANCE</b> <b>Plan of Insurance:</b> _____ <b>Riders:</b> <input type="checkbox"/> Accidental Death & Dismemberment Benefit <input type="checkbox"/> Total & Permanent Disability Income Benefit <input type="checkbox"/> Critical Illness Benefit <input type="checkbox"/> Joint Life Insurance <input type="checkbox"/> Others _____		
Policy Number		Effective Date	
Participation Type <input type="checkbox"/> Contributory <input type="checkbox"/> Non-contributory			

CLIENT INFORMATION	
Name of Company/Group	_____
Nature of Business	_____
Business Address	_____ _____
Telephone No.	_____ Fax No. _____
TIN: Incorporation/ Registration No.	_____ SSS/GSIS No _____ _____ Source of Funds _____
Other Requirements	Pls. attach a certified true copy of your company's Articles of Incorporation / Partnership, general Information Sheet, List of Directors/Partners, List of Principal Stockholders owning at least 2% of capital stock

All statements, including those set forth on the attached sheet hereof, are true and complete to the best of my knowledge and belief and they shall form part of the contract for insurance. I understand and agree that no coverage will be in effect until this application is approved by the Company, the full amount due is paid, and a Policy is issued and delivered. Certificates will be issued and delivered during the lifetime and good health of the Proposed Employee/s.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ at \_\_\_\_\_

		_____ Name & Signature of Company Representative
		_____ Designation
_____ Name & Signature of Agent	_____ Name of Unit Manager	_____ Name of Agency Manager
_____ Agent Code	_____ Unit Manager Code	_____ Agency Manager Code