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**APPLICATION FORM**

**Biker’s Emergency Assistance Plan**

**Instruction**: Please **PRINT** all entries legibly and check appropriate boxes.

**A. PERSONAL INFORMATION (CLIENT)**

**Name** (Last Name, First Name, Middle Name)

**Present Address**

**Permanent Address** (If different from present address)

**Preferred Mailing Address: Present Address Permanent Address**

**Age / Date of Birth** (mm/dd/yy) /

**Tax Identification No. (TIN)**

**Gender Male Female**

**Civil Status Single Married Others:**

**Contact Details Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: Nationality: Email Address:**

**B. BENEFICIARY INFORMATION**

**ds**

**1. Relationship:**

**2. Relationship:**

**3. Relationship:**

**C. GUARDIAN INFORMATION (*if the Principal is a Minor*)**

**ds**

**Guardian Name: Date of Birth: Contact #:**

**Address: Relationship to the Principal:**

**D. BENEFIT PLAN**

**ds**

**Please check the Amount of Coverage you intend to have.**

**25,000 50,000 100,000**

**E. FAMILY AND HOUSEHOLD INFORMATION (FOR HOUSEHOLD PLAN ONLY)**

**ds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Full Name of Household Member**  | **Relationship** | **Email Address** | **Date of Birth** | **Contact Number** |
| 1 |   |   |   |   |   |
| 2 |   |   |   |   |   |
| 3 |   |   |   |   |   |
| 4 |   |   |   |   |   |
| 5 |   |   |   |   |   |
| 6 |   |   |   |   |   |
| 7 |   |   |   |   |   |
| 8 |   |   |   |   |   |
| 9 |   |   |   |   |   |
| 10 |   |   |   |   |   |

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may disqualify me from availing the benefits afforded by this insurance policy.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant / Date