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**APPLICATION FORM**

**Homeowners Protection Plan (HPP)**

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

**A. PERSONAL INFORMATION (CLIENT)**

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

**Address**

**Age / Date of Birth** (mm/dd/yy) **Tax Identification No. (TIN)**

**Gender Male Female**

**Civil Status Single Married Others:**

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

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

**Occupation: Nationality: Email Address:**

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

**B. PROPERTY INFORMATION C. PLAN HPP HPP Lite**

**ds**

**Location of Property / Risk:**

**Amount of Property to Cover: Building - Php Contents - Php**

*Please specify classification of Contents to Cover (ex. Furniture & Fixture)*

 **Homeowner Tenant Is the property Mortgaged? Yes No If yes, please specify what bank:**

**No of Storey:**

**Exterior Wall Structure Concrete Concrete & Timber Timber Others (pls specify)**

**Roofing Structure Concrete GI Sheets Tiles Others (pls specify)**

**Boundaries:**

Front:

Rear:

Left:

Right:

**D. FAMILY AND HOUSEHOLD INFORMATION (FOR HPP 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.

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 Signature of Applicant / Date