

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

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)

| No | Full Name of Household Member | Relationship | Email Address | Date of Birth | Contact Number |
|----|-------------------------------|--------------|---------------|---------------|----------------|
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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