

CONDO/HOME INSURANCE APPLICATION FORM
 New Renewal Existing Policy Number:

APPLICANT'S INFORMATION

Name:			
Last Name	First Name	Middle Name	Suffix
Mailing Address:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality		Province/State	ZIP Code
Mobile No.:	E-mail Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth: DD/MMM/YYYY	TIN/SSS/GSIS No.:	
Place of Birth:	Citizenship/Nationality:	Source of Funds: <input type="checkbox"/> Self-Employed <input type="checkbox"/> Salary	
Name of Employer/Business:		Occupation:	
Nature of Employment/Business:		Employer/Business Address:	

PROPERTY INFORMATION

Location of Risk:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality		Province/State	ZIP Code
Please check the appropriate box:			
Any previous loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the property mortgaged? <input type="checkbox"/> Yes <input type="checkbox"/> No Mortgagee (if mortgaged):	
Age of House:		Last Year Renovated:	
Height: <input type="checkbox"/> 1-Storey <input type="checkbox"/> 2-Storey <input type="checkbox"/> More, please specify:		Estimated Floor Area of Unit:	
Roofing Material: <input type="checkbox"/> GI Sheets <input type="checkbox"/> Hardroof Deck <input type="checkbox"/> Ceramic / Tegula Tile <input type="checkbox"/> Others, please specify:			
Exterior Walls: <input type="checkbox"/> Concrete <input type="checkbox"/> Timber <input type="checkbox"/> Part Concrete / Timber <input type="checkbox"/> Others, please specify:			
Boundaries (description of the surroundings of the property to be insured)			
Front:			
Back:			
Left:			
Right:			

PERSONAL ACCIDENT INSURANCE
Family Personal Accident

Name <small>(Last Name, First Name, Middle Name)</small>	Relationship	Birthday <small>DD/MMM/YYYY</small>

Household Employee Personal Accident
Important Note: In case of claim, any proof of employment such as but not limited to copy of contract signed before the accident, payslip, SSS remittance, etc., must be provided

Period of Insurance: To: _____ From: _____
DD/MMM/YYYY DD/MMM/YYYY

AGREEMENT

I HEREBY DECLARE and warrant the answers given above in every respect true and correct; and have not withheld any information likely to effect acceptance of this proposal; I further agree that this proposal declaration shall be the basis of the contract between FPG Insurance and me.

During the effectivity of the contract/policy, the customer/client agrees to the following:

(1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:

- a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and
 - b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.
- (2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities.

Applicant's Signature

DD/MMM/YYYY
Date

DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.