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Literative           BOND MATION           Limit of Liability Required:         Period of Cover From: measurery         To: measurery           Type of Bonds Required (please check):         Bid Bond         Performance Bond         Guaranty/Warranty Bond           Downpayment Bond of Advance Payment of Salarles and/or Matcrials Bond or Payment Bond         Guaranty/Warranty Bond         Who requires the submission of the preceding bond?:           APPLICANT'S INFORMATION           Name of Entity:           Business           Address:           gitodr/cot/More No /Unit No           Sectore         ZPCode           City/Municipality         Moster Address:           Registration No:           City/Municipality         Tor image Subdr/colspan="2"           Mobile No:         Centry of Incorporation:           Guard address:           Name of Authorized Representative / Transactor / Signee:           Mobile No:         Centry of Incorporation:           City Address:           Name of Business:         Website Address:           Nathere of Business:	Please fill in all the blanks. All answers should be made in full to avoid delays in evaluation. On questions where "none" or "not applicable" is the answer, please indicate accordingly.					
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Type of Bonds Required (please check):	Limit of Liability Required:					То:
□ downpayment Bond or Advance Payment Bond □ Guaranty/Warranty Bond   Who requires the submission of the preceires approximation of Entity:   Business   Business:		k):			DD/MMM/YYYY	DD/MMM/YYYY
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Address:       Block/Lot/Phase No./Floor No./Unit No.       Street       Village/Subdivision/Condo Building       Barangay         City/Municipality       Province/State       ZIP Code         Date of Birth:       DD/MMM/YYYY       Mobile No.:       E-mail Address:         Citizenship/Nationality:       Source of Funds:       Self-Employed       Salary         NAMES OF PRESENT AND UNUTURBENT SUBBERS OF DIRECTORS OR PARTNERS       Source of Funds:       Self-Employed       Salary         a.       .       .       .       .       .       .       .       .         b.       .       .       .       .       .       .       .       .         c.       .       .       .       .       .       .       .       .         d.       .       .       .       .       .       .       .       .         a.       . <td>Last Name</td> <td>Firs</td> <td>t Name</td> <td>١</td> <td>Middle Name</td> <td>Suffix</td>	Last Name	Firs	t Name	١	Middle Name	Suffix
Date of Birth:         Mobile No.:         E-mail Address:           Citizenship/Nationality:         Source of Funds:         Self-Employed         Salary           NAMES OF PRESENT AND INCUMBENT WEMBERS OF BOARD OF DIRECTORS OR PARTNERS           NAME         % OF OWNERSHIP           a.         .         .           b.         .         .           c.         .         .           d.         .         .	Address:	o./Unit No. St	reet	Village/Subdivisi	on/Condo Building	Barangay
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- e phcustomercare@fpgins.com

FINANCIAL DATA					
		CURRENT		PREVIOUS YEAR	VARIANCE
TOTAL CURRENT ASSETS					
TOTAL ASSETS					
TOTAL CURRENT LIABILITIES					
TOTAL LIABILITIES					
NET WORTH					
GROSS INCOME					
NET INCOME					
CASH FLOW FROM OPERATIONS					
MAJO	R CLIENTS A	ND PRO	DJECTS FOR	THE PAST 2-5 YEARS	5
NAME OF CLIENT	S		PI	ROJECT DETAILS AND AMOU	NT OF CONTRACTS
a.					
b.					
С.					
d.					
е.					
If you own real estate properties residential, commercial or agricu	ltural and also t	the land a	rea hereof. If a	building, state number of st	registered, whether coreys, nature of occupancy
(residential, store, bodega, etc.) a	and type of con	struction	(concrete, timb	er,light material, etc.)	
DESCRIPTION	LOCATIO	N	AREA	ASSESSED VALUE	MARKET VALUE
Are there any charges, judgme officers? If so, please give parti	nts, suits or clai culars:	ms pendir	ng against you,	or against any member of y	your firm, or any of your
YES NO					
		]			
Have you secured bonds before	YES	NO If s	so, please provi	de the following informatio	n.
SURETY COMPANY	TYPE OF BO	DND	AMOUNT	OBLIGEE	EXPIRY DATE DD/MMM/YYYY
a.					
b.					
С.					
d.					
е.					
Has any Surety Company ever paid a loss for the firm or any member of the firm? YES NO If so, please state the name of the Surety Company and give full details:					
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## **DOCUMENTARY REQUIREMENTS**

- 1. Photocopy of Contract to be guaranteed by the Bond (Construction Agreement. Purchase Order, etc)
- 2. Photocopy of the comparative latest Audited Financial Statements
- 3. Company Profile
- 4. Photocopy of the Articles of Incorporation and By-Laws
- 5. Photocopy of Business Permit
- **6.** Photocopy of PCAB License (if a Constructor)
- 7. Photocopy of Specific Board Resolution for authorized company officers to sign for and on behalf of the company
- 8. Two co-signers preferably majority stockholders of the company
  - a. In compliance with the Republic Act No. 9160 or Anti-Money Laundering Act of 2001, as amended, and the Know Your Client (KYC) requirement of the Insurance Commission, please provide scanned or photocopy of any 2 of the following valid IDs of the signatory/ies:
    - i. Drivers' License
      - ii. Passport
      - iii. TIN
      - iv. SSS ID/Unified Multi-Purpose ID
      - v. PRC ID
      - vi. IBP ID.

#### **IMPORTANT NOTICE**

A bond is a contract of suretyship. Any payment or disbursement made by the FPG Insurance Co., Inc. (hereinafter called the Surety) in the future in connection with the Bond to be issued to the applicant, including its renewals, extensions or substitutions, either in the belief that the Surety was legally obligated to make such payment or in the belief that said payment was necessary in order to avoid greater losses or obligations for which the Surety might be liable by virtue of the terms of the Bond issued, including its renewals, extensions or substitutions, shall be recovered against the applicant in full, otherwise known as the Principal, in accordance with the provisions of the New Civil Code and the Indemnity Agreement.

### ANTI-MONEY LAUNDERING

Under Republic Act No. 9160, otherwise known as the Anti-Money Laundering of 2001, as amended by Republic Act No. 9194 and pertinent regulations and circulars issued by the Insurance Commission, all insurance Page 4 of 4 companies are required to satisfactorily establish the identities of its customers. Consequently, FPG Insurance Company, Inc. reserves the right to not accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his/her identity.

## 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.

# DECLARATION

Each of the undersigned affirms that the foregoing statements and answers are true and are made to induce the Surety to execute or procure the execution of Surety bonds, and any extension, or renewal thereof, addition thereto, or substitution therefore. Each of the undersigned further affirms that he understands that suretyship is a form of credit, and hereby authorizes Surety, or its authorized agent to gather information it considers necessary for evaluating whether or not credit should be granted.

Name of Applicant/s or Authorized Signatory of Applicant	Valid ID	Signature	Date Signed			
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 successful, terminate business relationship. The exercise of the company of this measure shall only be 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

Date