

MARINE GIT INSURANCE APPLICATION FORM
 New Renewal Existing Policy Number:

APPLICANT'S INFORMATION

Name of Entity:

Business Address:

Block/Lot/Phase No./Floor No./Unit No. Street Village/Subdivision/Condo Building Barangay

City/Municipality

Province/State

ZIP Code

Incorporation Number:

Country of Incorporation:

Date of Incorporation:

DD/MMM/YYYY

Nature of Business:

Name of Authorized Representative / Transactor / Signee:

Contact Number:

Email Address:

ULTIMATE BENEFICIAL OWNER'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: Male Female

 Civil Status: Single Married

Date of Birth:

DD/MMM/YYYY

TIN/SSS/GSIS No.:

Place of Birth:

Citizenship/Nationality:

 Source of Funds: Self-Employed Salary

OTHER INFORMATION

Description of the Goods / Cargoes:

Details of Conveyance (Trucks / Plate No. / Model)

Nature of Packing (Cartons, Boxes, Pallets, Drums, Bulk, Containerized):

Voyage:

From:

To:

Limit per Conveyance (for various transits):

Total Sum Insured:

Valuation Mark-up, if any:

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:

- 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
- 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

 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.