

DSAP Insurance Program Application Form

(Please fax to +63 2 812-2238 after completion)

Assured Name / Registered Name (Drugstore): _____
 Location of Risk _____
 Market Area No Yes Name of Market _____
 Mailing Address _____
 Contact Person _____ Contact No. / Email Address _____

PROPERTY TO BE INSURED

AMOUNT

Building (for building owners) _____
 Leasehold Improvements (for building tenants) _____
 Stocks (Medicines, Medical Supplies) _____
 Office Equipment, Fixture / Furniture / Fittings (FFF), Office Supplies _____
 Other Stocks (Prepaid Cards) _____

(if more than one branch / residence, please use separate application form)

BUILDING DESCRIPTION:

Occupancy : () Owned () Rented No. of Floors : _____ Mortgagee : _____ (if applicable)
 Exterior Wall : () Concrete () Concrete & Timber () Timber

BOUNDARIES / SURROUNDINGS:

With your back on the front of your store / residence building, please describe the ff:

Front (street / road name / other description) _____
Made of () Concrete () Concrete & Timber () Timber **This is a** () Commercial Bldg. () Residential Bldg.

Left (street / road name / other description) _____
Made of () Concrete () Concrete & Timber () Timber **This is a** () Commercial Bldg. () Residential Bldg.

Right (street / road name / other description) _____
Made of () Concrete () Concrete & Timber () Timber **This is a** () Commercial Bldg. () Residential Bldg.

Rear / Back (street / road name / other description) _____
Made of () Concrete () Concrete & Timber () Timber **This is a** () Commercial Bldg. () Residential Bldg.

PERSONAL ACCIDENT COVER (Age Limit - 1 to 60 years old)

Name	Date of Birth
_____	_____
_____	_____

Attached separate sheet for additional persons to be covered.

INSURANCE PLAN TO BE AVAILED:

BusinessONE _____ HomeMaster _____
 Plan 1 _____ (P1,600.00) Plan 2 _____ (P3,865.70)

For every 1 Million of Coverage

Premium Computation:

Plan availed * Sum Insured per Million	_____
Business Interruption (P78.50 per 100,000 coverage)	_____
Money Inside Premises / Burglary (P1,251.50 per 100,000 coverage)	_____
Fidelity Guarantee (FG) / Dishonesty (P1,500 per 50,000 coverage)	_____
Personal Accident (P150.00 per additional person)	_____
Total Premium	_____

Proposed Period of Insurance: From _____ To _____

All statements in this application form are true and complete to the best of my knowledge and belief and they will form part of the Insurance Contract. I understand and agree that no coverage will take effect until the Insurance Company has approved this application and Policy has been issued

 Printed Name Signature Date