

CLIMBS Life and General Insurance Cooperative

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## **APPLICATION FORM MICRO - FIRE INSURANCE**

ate of Application	:	Effectivity of	Coverage :	
roduct Name	:	_	remium :	
ame of Assured	:			
cation of Property	:			
eneficiary: (for AD&D l	Purnosas Only)			
enegiciary. (joi ADQD	Fulposes Offiy)			
ame :			Relationship:	
ssured is: Hom	eowner() Renting/	/tenant ( )		
sarca is.	sowner ( ) Renting/	tenant ( )		
ouse Construction:	Concrete under GI roof	( ) Timber under	GI roof ( )	
oundaries of Building	were the property to be	incured:		
c.				
		Rear		
		Real		
	Right	Left		
		Front		
		Tiont		
I haraby attact that all	information contained i	n this form are true ?	correct to the best o	of my knowlodgo
r nereby attest that an	information contained i	in this form are true & (	torrect to the best of	n my knowledge.
	/· " " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	DATA PRIVACY DISCLAIMER		
other lawful or legal purposes, of a	vner/ insurance applicant/ proposed insured I personal data pertaining to you in line with	your application for life insurance policy		
	ct of 2012 and its Implementing Rules and Ro Cooperative shall use this information with f		wand its implementing rules and re-	gulations in connection with the
	e said insurance policy or application, or ser			
	d harmless from any liability or expense that	t may arise from any transfer disclosure	processing collection use storage	or destruction of the said
1 1	LIMBS Life and General Insurance Cooperation			
Signed at		this	day of	20
Name & Signature o	of Applicant Member			