

CLIMBS Life and General Insurance Cooperative

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FIRE INSURANCE APPLICATION FORM

(PLEASE FILL-UP IN PRINT AND FOR APPROVAL BY HEAD OFFICE)

EFFECTIVITY:	APPLICATION DATE:			
ASSURED :				
TYPE OF ASSURED : []Individual []Finance	· · ·			
BUSINESS ADDRESS :				
LOCATION OF RISK :				(ZIP CODE)
NAME OF COOPERATIVE:				
PROPERTY INSURED :	COVERA	₹GE	PREMIUN	
BUILDING(Excluding Foundation):	Ps			
CONTENTS: Furniture, Fixtures & Fitting				
Machinery & Equipt	Ps		_ Ps	
Stocks/Inventories	Ps			
TOTAL COVERAGE	Ps			
	Documentary St	•	Ps	
	2% Fire Service	ıax	Ps	
	12% EVAT		Ps	
	Loc. Gov't. Tax		Ps	
	Management fe		Ps 2!	
	Gross Premium		Ps	
DESCRIPTION OF RISK: No. of Floors;				
External Walls : []Concrete []Timbe		Timber []	Light Materials	[] Aspestos
[] Others (Please Spec Roof : [] Galvanized Iron [] Tiles [t [] Light Mate	 rials
	-			
[] Others (Please Spec OCCUPANCY(Specify all building tenant	.e.).)			
MORTGAGED : (Name of Bank/Financial Compa	anv).			
BOUNDARIES :(Assume you are the bldg., descr				
Front :	•		· ·	
Right :				
Left :				
Rear :				
Sketch : (Please indicate the nearest 2 corne				
	RISK			
Note: Please use another sheet if necessary.				
I hereby agreed and understood that any mat CLIMBS LIFE & GENERAL INSURANCE COOP is insured properties.				
		Dot		
(Please sign above legibly printed name Applicant	e)	Dati	e	