

CONTRACTOR'S ALL RISKS INSURANCE (CAR/EAR) APPLICATION FORM

Company Name	:			
BIR TIN	:	_____ - _____ - _____ - _____		
Business Address	:			
Contact Person	:	_____		
		Last Name	First Name	M.I.
Designation/Position Title	:			
Gender	:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Contact Details	:			
Telephone No.		_____		
Fax No.		_____		
Mobile No.		_____		
Email address		_____		
PROJECT DETAILS				
The Project Owner	:			
The Project Contractor	:	_____		
		Main Contractor		

		Sub-contractor		
Title of Project	:	_____		
		No. of _____ basement level(s) ; _____ floor level(s)		
Scope of Work	-	<input type="checkbox"/> Structural	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing
		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Others (pls. specify) _____	<input type="checkbox"/> Civil Works
Address of the Project Site	:			
Duration of Construction	:	_____ months or _____ calendar days		
		Inception date _____	Completion date _____	
Total Contract Price	:	Labor Cost	₱	_____
		Material Cost	₱	_____
		100% Total Contract Price	₱	_____
Third Party Liability	:	Limit of Indemnity	₱	_____
<i>For PISC use only</i>				
Date/Time received	:			
Received by	:			
Documents submitted	:	<input type="checkbox"/> Construction Agreement	<input type="checkbox"/> Award Notice	<input type="checkbox"/> Purchase Order (P.O.)
		<input type="checkbox"/> Others _____		
Reference No.	:	Type of Insce.	<input type="checkbox"/> CAR	<input type="checkbox"/> EAR
				Quote No. _____