

POLITICAL VIOLENCE APPLICATION FORM

1. Insured Name:

2. Insured Occupation:

3. Details of individual Equipment to be insured:

EQUIPMENT NAME	SERIAL NUMBER	EQUIPMENT USE	Total Value Php	Location	Country

4. Where is equipment stored whilst not in use?

5. What security is in place for equipment whilst not in use

Please tick if applicable
Yes No

a. Equipment is stored at secured location that is locked

b. Security Guards patrol area

c. CCTV is monitored

d. There is a full perimeter fence in place

6. Has the insured ever received any extortion demands?

Yes No

(If answer is yes then please provide more details)

7. Has the assured ever had any losses/ incidents with regards to insured perils?

Yes No

(If answer is yes then please provide more details)

8. Loss History:

9. Security Details:

If you have any other material facts to disclose, then please state these below:

DECLARATION

“To the best of my knowledge and belief, the information provided in connection with this Application Form, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Insurers to void the Insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this Application Form by Insurers.)

I understand that the signing of this Application Form does not bind me to complete or Insurers to accept this Insurance but agree that, should a contract of insurance be concluded, this Application Form and the statements made therein shall form the basis of the contract.”

Name of Authorized Signatory : _____

Position : _____

Signature : _____

Date : _____

PIONEER INSURANCE & SURETY CORPORATION

Pioneer House Makati, 108 Paseo de Roxas, Legaspi Village, Makati City 1229, Philippines
Tel: +63 2 812 7777 • Fax: +63 2 817 1461 • www.pioneer.com.ph