

Republic of the Philippines  
**PHILIPPINE CROP INSURANCE CORPORATION**  
Regional Office No. V

Date:

Sir/s:

I hereby apply for crop insurance coverage as a self-financed under the terms and condition of Master Policy Contract and pertinent rules and regulation of the Philippine Crop Insurance Corporation.

**I. BASIC INFORMATION**

A. Name:     
Last Name First Name Middle Name

B. AGE:  C. Address:

D. Civil Status  E. Name of Spouse

F. No. of Dependents  G. Beneficiary

**II. FARM INFORMATION:**

A. Location of Farm:

1. Sitio

2. Barangay

3. Municipality

4. Province

B. Area:  (hectare/s)

C. Land Category:

1. Irrig:  2. Rain fed

D. Crop:

1. Palay:  Phase:

2. Corn:  Phase:

E. Farmer/s Category:

1. Owner cultivator

2. Tenant  CLT/EP:

3. Lessee:

**III. INSURANCE INFORMATION**

A. Desired Type of Cover:

1. Natural Disaster Cover

2. Multi risk Cover

B. AMOUNT OF COVER (P) Farmer/s Premium Share (P)

1. Desired Amount of Cover:

2. Additional Amount of Cover

TOTAL:

C. PERIOD OF COVER:

Date of transplanting or direct seeding:

Date of Harvest:

Date of Sowing:

**IV. FARM PLAN AND BUDGET**

**ACTIVITY**

**QUANTITY**

**COST**

1. Seedbedding:		
a. Seedling Material	<input type="text"/>	<input type="text"/>
b. Labor	<input type="text"/>	<input type="text"/>
2. Planting		
a. Labor	<input type="text"/>	<input type="text"/>
b. Fertilizer (specify)		
b.1 <input type="text"/>	<input type="text"/>	<input type="text"/>
b.2 <input type="text"/>	<input type="text"/>	<input type="text"/>
b.3 <input type="text"/>	<input type="text"/>	<input type="text"/>
b.4 <input type="text"/>	<input type="text"/>	<input type="text"/>
b.5 <input type="text"/>	<input type="text"/>	<input type="text"/>
c. Chemicals (specify)		
c.1 <input type="text"/>	<input type="text"/>	<input type="text"/>
c.2 <input type="text"/>	<input type="text"/>	<input type="text"/>
c.3 <input type="text"/>	<input type="text"/>	<input type="text"/>
3. Plant Care		
a. Labor		
b. Top dressing		
c. Chemicals		
c.1 <input type="text"/>	<input type="text"/>	<input type="text"/>
c.2 <input type="text"/>	<input type="text"/>	<input type="text"/>
c.3 <input type="text"/>	<input type="text"/>	<input type="text"/>
4. Insurance Premium		
<b>TOTAL</b>		

**LOCATIONAL SKETCH PLAN**

## **V. CERTIFICATION AND WARRANTIES**

I hereby certify that the above information and those contained in the attachments thereto are true and correct to the best of knowledge.

Further, I hereby warrant the following:

- 1. CROPS NOT YET PLANTED AS OF FILING OF THIS APPLICATION.** That I have not yet planted my crops as of actual date of filing of application for crop insurance.
- 2. ELIGIBLE FARMS.** That my farm strictly comply with the following eligibility requirements:
  - 2.1 Not part of a riverbed, lake bed, marshland, shoreline or riverbank.
  - 2.2 Have an effective irrigation and drainage system.
  - 2.3 Accessible to regular means of transportation
  - 2.4 Suitable for production purposes in accordance with recommended Package of Technology (POT), e.g. ZINC content for rice, and not more than 15 degree slope for corn, except for those farmlands with contour structure using the Sloping Agricultural Land Technology (SALT) etc.; and
  - 2.5 Farm location have a generally stable peace and order situation and not hazardous to health.
- 3. SUPERVISION OF ACCREDITED TECHNICIAN.** That my farm is under the supervision of a duly accredited Agricultural Production Technician whose signature appears below.
- 4. COMPLIANCE WITH PRESCRIBED PACKAGE OF TECHNOLOGY.** That I undertake to follow modern farm practices and the package of technology for this crop variety as prescribed by the Department of Agriculture.
- 5. NOTICE OF DEVIATION.** That I undertake to immediately notify in writing the PCIC Regional Office of any deviation from the Farm Plan and Budget/ CIC (as prescribed under Section 21 of the Revised Rules and Regulations on Insurance of Rice and Corn Crops) not later than 10 (ten) calendar days from the actual date of deviation relative to:
  - a. Date of Actual planting mode of planting (whether transplanting or direct seeding)
  - b. Failure to plant within forty - five (45) calendar days from the original scheduled date of planting
  - c. Variety planted
  - d. Increase/decrease in area
- 6. NOTICE OF LOSS.** That in case of Loss, I shall notify the PCIC Regional Office in the prescribed form in any of the following manners:
  - a. within ten (10) calendar days of occurrence of a loss from a risk insured against natural calamities;
  - b. At a time not later than twenty (20) days before expected harvest, when the cause of loss is drought or progressing like plant pest and diseases.
- 7. SAMPLE HILLS IN PARTIAL LOSS CASES.** That in case of partial loss, I undertake to at leave at least ONE HUNDRED (100) PILLS per hectare distributed into four (4) clumps of 25 hills each which shall remain standing until the team adjusters shall have inspected the same, or in any case for a period of thirty (30) days from the date of harvest.

Farm applied for insurance  
coverage is under my supervision:

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Agricultural Technologist

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Signature or Thumb mark over printed Name  
of Farmer Applicant