

PA with Biker's Personal Liability Insurance

A. PERSONAL INFORMATION (CLIENT)

Name (Last Name, First Name, Middle Name) _____

Present Address _____

Permanent Address (If different from present address) _____

Preferred Mailing Address: Present Address Permanent Address

Age / Date of Birth (mm/dd/yy) _____ / _____

Tax Identification No. (TIN) _____

Gender Male Female

Civil Status Single Married Others: _____

Contact Details Landline: _____ Cellphone: _____

Occupation: _____ Nationality: _____ Email Address: _____

B. BENEFICIARY INFORMATION

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

C. BENEFIT PLAN

Please state the Amount of Coverage you intend to have.

Coverage per person due to accident related only	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Accidental Death &/or Permanent Disablement	25,000	50,000	100,000	200,000
Unprovoked Murder and Assault	12,500	25,000	50,000	100,000
Personal Liability	25,000	50,000	100,000	200,000
Accidental Medical Reimbursement	2,500	5,000	10,000	20,000
Accidental Burial Expense (due to Accidental Death only)	2,500	5,000	10,000	20,000
Annual Premium per person inclusive of taxes (FOR LEISURE ACTIVITIES)	Php200.00	Php365.00	Php750.00	Php1,500.00
Annual Premium per person inclusive of taxes (FOR RACING COMPETITION)	Php300.00	Php548.00	Php1,125.00	Php2,250.00

Amount of cover: _____

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may disqualify me from availing the benefits afforded by this insurance policy.

Signature of Applicant / Date