

Republic of the Philippines
 Department of Finance
INSURANCE COMMISSION
 Manila

**APPLICATION FOR CERTIFICATE OF REGISTRATION AS
 NON-LIFE COMPANY UNDERWRITER**
 (Under Chapter IV, Title 4 of the Insurance Code)

INSTRUCTIONS TO APPLICANTS	FOR INSURANCE COMMISSION USE
<p>Read these instructions before accomplishing this form. This application will not be accepted unless all information called for are furnished.</p> <p>Accomplish this form legibly and fully. Sign the application on the Space indicated.</p> <p>This application must be accompanied with a documentary stamp Which shall be affixed to the certificate of registration applied for.</p> <p>Upon approval of this application, but before the issuance of the certificate of registration applied for, the applicant must pay to the Insurance Commission a fee of P10,000.00 for the issuance of such license.</p> <p>Should the certificate of registration applied for be issued, the registrant must immediately give written notice to the Insurance Commission of facts stated in this applications.</p>	<p>Verified by: _____ Date _____</p> <p>Processed by: _____ Date _____</p> <p>Approved by: _____ Date _____</p> <p>Registration Fee: ₱ _____ O.R. No. _____ Date _____</p> <p>Fire <input type="checkbox"/></p> <p>Marine <input type="checkbox"/></p> <p>Casualty <input type="checkbox"/></p> <p>Suretyship <input type="checkbox"/></p>

To the Insurance Commissioner:

The undersigned hereby applies for a Certificate of Registration under the provisions of Chapter IV, Title 4 of the Insurance Code as Non-Life Company Underwriter of _____

 in respect of the kinds of insurance indicated below.

FIRE MARINE CASUALTY SURETYSHIP

and for that purpose submits the following statements and answers to the questions contained in this applications.

14. Are you indebted to any person (natural or juridical)? _____ If yes, give the names and addresses of your creditors together with details and evidences of the arrangements you have made for the settlement of your debts. _____
15. Have you filed your income tax return for the preceding year? _____ If not, give reason. _____ If yes, attach proof of such filing and/or payment.
16. Give complete record of your education. (Name and location of schools attended and length of time spent in each.)

Elementary _____

High School _____

College _____

Technical Course/Special Course _____

17. In the blanks below, state how you have been occupied during the last ten (10) years (without interruption) up to date of this application, irrespective of whether employed or not. Attach additional sheet/s, if necessary.

Inclusive Dates From - To	Name of Employer	Where	In What Capacity	Reason for Leaving

18. Give below the names, occupation and addresses of four (4) responsible persons for reference. Do not give the name of a relative or a former employer or one connected with the company wherein you wish to be employed.

Name	Occupation	Post Office Address
1.		
2.		
3.		
4.		

19. Are you a member of any association, club or society? _____ If yes, state name, address and nature of organization. _____

20. Name of bank with which you are keeping an account, if any. _____

21. Name of person to be notified in case of emergency, relationship and address:

Executed this _____ day of _____, 200____ at _____.

Signature of Applicant

AFFIDAVIT OF VERIFICATION

Republic of the Philippines)
Province/City of _____)S.S.

I, _____, after being duly sworn, depose and say that I am the person named in and who signed the foregoing application; that I know that the contents thereof and the statements made and answers to questions therein are true.

Signature of Applicant

TIN _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 200____, by the above-named applicant who exhibited to me his/her Residence Certificate No. _____ issued at _____ on _____, 200____.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of 200_____