

Republic of the Philippines
 Department of Finance
INSURANCE COMMISSION
 Manila

**APPLICATION FOR CERTIFICATE OF REGISTRATION AS
 NON-LIFE COMPANY UNDERWRITER**

INSTRUCTIONS TO APPLICANTS
<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 affixed to the certificate of registration applied for.</p>

FOR THE INSURANCE COMMISSION USE								
Verified by: _____ Date: _____								
Processed by: _____ Date: _____								
Approved by: _____ Date: _____								
Registration Fee: ₱ _____ O.R. No.: _____ Date: _____								
<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Fire</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Marine</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Casualty</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Suretyship</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	Fire	<input type="checkbox"/>	Marine	<input type="checkbox"/>	Casualty	<input type="checkbox"/>	Suretyship	<input type="checkbox"/>
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Marine	<input type="checkbox"/>							
Casualty	<input type="checkbox"/>							
Suretyship	<input type="checkbox"/>							

To the Insurance Commissioner:

The undersigned hereby applies for Certificate of Registration under the provisions of Chapter IV, Title 4 of the Insurance Code as Non-Life Company Underwriter of _____ *(Insurance Company)* _____ in respect of the kinds of insurance indicated herein:

FIRE

MARINE

CASUALTY

SURETYSHIP

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

1. Name of applicant: _____

(Surname)
(First Name)
(Middle Name)
2. Present Address: _____
3. Place of Birth: _____
4. Date of Birth: _____
5. Citizenship: _____ Sex: _____ Civil Status: _____
6. If married woman, state (a) Maiden Name: _____
(b) Husband's or Wife's Name: _____
7. If naturalized citizen of the Philippines, give date of issue of naturalization and attach photostatic copy of certificate of naturalization. _____

8. If foreigner, give serial number, date and place of issue of alien certificate of registration for the current year and attach photostatic copy of alien certificate of registration. _____

9. Have you ever been discharged from any position? _____ If yes, state particulars. _____
10. Have you ever been convicted of any crime? _____ If yes, give nature of offense and attach copy of the decision of the court concerned. _____

11. Have you passed any qualifying examination for non-life company underwriter given by the Insurance Commissioner? _____ If yes, give date and place of examination, rating obtained and proof to that effect. _____

12. Have you had any experience in underwriting work? _____ If yes, state for how long, where, in what branches or kinds of insurance, and submit proofs and/or results of your entire underwriting work. _____

 - b) Have you received or undergone extensive education and/or training in each of the kind or kinds of insurance you propose to register under the certificate herein applied for? _____
If yes, give the name of the person from whom you have received education and/or instructions, specify the kinds of insurance in which you have been instructed, and attach satisfactory proof/s to that effect. _____

13. Are you a licensed insurance agent? _____ If yes, state the names of the insurance companies you represent. _____

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 _____, 20____ 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 _____
20____, by the above-named applicant who exhibited to me his/her Residence Certificate No.
_____ issued at _____ on
_____ 20 _____.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____