

**Online Submission (Statistics and Research Division) – Form 1**

1. *Type of Report*

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| * EQRSFS
 | * Catastrophe/Property Insurance Report (DRFI)
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1. *Type of Request:*

|  |  |
| --- | --- |
| * New Account
 | * Update Account Information
 |
| * Reactivate
 | * Deactivate
 |

1. *Supporting Documents:*
* Authorization Letter signed by Manager or Head
* Copy of Government-issued ID
1. *Company Representative*

|  |  |
| --- | --- |
| Last Name: |  |
| Middle Name: |  |
| First Name: |  |
|  |
| Company: |  |
| Branch (e.g. Manila): |  |
| Department/Division: |  |
| Position: |  |
| Valid company employee official email address: |  |
| Signature: |  |

*Please use additional sheet for additional company representative.*

*The information you provide will be treated with utmost respect and confidentiality. The Insurance Commission follows general principles and rules of Data Privacy protection in the Philippines.*

*Please wait for an email confirmation for your user credentials.*

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| **Authorization:** |
| *The above enumerated information has been authorized by this company in relation to the transaction with the Insurance Commission (IC) on matters pertaining to the Online Submission System.* ***It is my responsibility to immediately inform IC by filing the necessary information on eventuality of any change and/or modification covering this authorization, including amendment/s to any of the information.*** |
| *Printed Name and Signature of Authorized Officer (please indicate your position below the line):* |