

BOND APPLICATION FORM - CORPORATION / PARTNERSHIP

DATE

The undersigned hereby applies for a Bond in the amount of

(₱), Philippine Currency in favor of

Conditions of the bond

We are hereby authorized to obtain such other information you may wish to secure about ourselves pertaining to the data hereunder furnished you. We hereby affirm that the following answers are the truth without reservation and agree that documents shall remain your property wether the bond shall be granted or not.

COMPANY INFORMATION

Company Name:

Date of Incorporation
(mm/dd/yyyy)

E-mail Address

TIN Number

Contact Number

Office Address:

Block/Lot/Phase No./Floor No./Unit No

Street

Village/Subdivision

Barangay

City/Municipality

Province

Zip Code

IF CORPORATION

Date of Incorporation

(₱)

Total Paid-Up Capital

Name of Authorized signatory for bond
(For the signatory, attach Corporate Authority to sign bond.)

Schedule of Attachments

☐ Articles of Incorporation and By-Laws

☐ SEC Certification of Registration

☐ List of Key Personnel

☐ Latest Financial Statement (Audited)

IF PARTNERSHIP

Date Organized

(₱)

Total Paid-Up Capital

Name of Authorized signatory for bond

☐

General

☐

Limited (Explain fully)

Designation

List of Partners & Addresses:

Name of Partners

Address

TIN No.

(For the signatory, attach Partnership Authority to sign bond.)

Schedule of Attachments

☐ Partnership Agreement

☐ SEC Certification of Registration

☐ Latest Financial Statement (Audited)

1.Years in Business with present business name?

2.Personal Property Owner:

DATE ACQUIRED

LOCATION

LAND AREA

ASSESSED VALUE
LAND & IMPROVEMENT

ENCUMBERANCE
AMOUNT

HELD BY

(₱)

(₱)

(₱)

(₱)

(₱)

(₱)

3.Trade references:

Company Name

Address

4. BANK ACCOUNTS: Savings (₱)

Bank:

Current (₱)

Bank:

4.1. Banks you have established lines of Credit:

BANKS	EXTENT / GRANT BASIS

5. Other lines of business you have as a financial interest:

6. Are you or any members of your firm, or any of your officers granted in any other lines of business?

☐ None

☐ Yes,

7. Are you or any members of your firm, or any of your officers ever failed in business or compromised with creditors?

☐ None

☐ Yes,

8. Are you having any controversy with any other or any one over any contract?

☐ None

☐ Yes,

9. Are there any judgement, suite or claims pending against you or against any member of your firm, or any of your officers?

☐ None

☐ Yes,

10. Are you acting as Surety or Bondsman for others, or as indorser on their notes or account?

☐ None

☐ Yes,

11. List of insurances carried by your organization including life insurance on the lives of officers and payable to Company Partnership of Business:

12. Has any Surety Company ever paid loss on you, or any members of your firm, or any member of your officers?

☐ None

☐ Yes,

13. Have you secured a Bond before?

☐ None

☐ Yes,

BONDING COMPANY	AMOUNT	OBLIGEE	PERIOD OF BOND TERMINATION
(₱)			
(₱)			
(₱)			

CONSENT

"My signature indicates that I have reviewed and certified the correctness of all information stated in this form.

I hereby consent, without need of prior notification, to the manual or automated processing, storage and disclosure by PhilFirst Insurance Co., Inc., and its authorized employees and representatives within or outside the Philippines in accordance with the Data Privacy Act and its implementing rules and regulations, of all such personal and/or sensitive information in this form, and all included attachments, solely for all purposes relevant to the enforcement and maintenance of my insurance policy contract, and all purposes deemed fit by PhilFirst Insurance Co., Inc., which shall include issuance, implementation and handling insurance policies, direct marketing, profiling, risk management, underwriting and administration of insurance coverage and claims, data analytics and data sharing with PhilFirst Insurance Co., Inc.

I also agree that my contact details may be utilized by PhilFirst Insurance Co., Inc., to provide relevant updates of my policy, as well as company and product developments. Said consent also extends likewise from those persons whose information I have provided, whose consent I have secured.

Lastly, I agree that PhilFirst Insurance Co., Inc., may store the same for the duration of the contract and for a period of ten (10) years thereafter, except if the information constitutes evidence in a legal action."

I HEREBY CERTIFY THAT I HAVE FULLY READ AND UNDERSTOOD THE BENEFITS AND FEATURES OF THIS POLICY AND AGREE TO BE BOUND BY THE PROVISIONS OF THE POLICY CONTRACT.

Signed this ____ day of _____, 20 ____.

Authorized Signature

Philippines First Insurance Co., Inc.
7/F STI Holdings Center Bldg.
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