



## 2. Officers/Directors and Principal Stockholders (Corporate, Partnership)

Date of Incorporation	
Authorized Capital Stock	
How much is the Subscribed and Paid Up Capital	

### Indicate Name of present officers:

President	
Executive Vice President	
General Manger	
Other Officers	

## 3. Questionnaire on Assets

### If you own Real Properties, please give the following particulars:

Land	Description (Residential, Commercial, agricultural)	Location	Area (sq. m. or hectares)	Assessed Value	Market Value
1.					
2.					

Building	Description (Residential, Commercial i.e. warehouse, rent, store)	Location	Area (sq. m. or hectares)	Assessed Value	Market Value	No. of Storeys	Type of Construction (Concrete, timber, light materials, etc.)
1.							
2.							
3.							

### If any of the above-mentioned property/ies is/are presently mortgaged, please state the following:

Description of Property	Name of Bank/Creditor	Amount of Mortgage	Expiry Date
1.			
2.			
3.			

### Do you carry any insurance on any of these properties? If yes, please provide the following:

Name of Insurance Company	Type of Insurance
1.	
2.	
3.	

### State the name of the banks where you maintain your current or savings account:

Name	HO / Branch
1.	
2.	
3.	

**Are you indebted to anyone for any sum of money? If yes, please provide the following:**

Name of Creditor	Amount of Loan	Date Due	Security
1.			
2.			
3.			

**Have you ever been issued a bond? If yes, please provide the following:**

Surety Company	Type	Amount	Obligee	Expiry
1.				
2.				
3.				

**4. Declarations and Agreement**

- A. I/we declare that all foregoing statements are true and I/we have not withheld any material information regarding this application.
- B. Any of my/our personal information collected or held by Charter Ping An Insurance Corporation (CPAIC) (whether contained in the application/s or otherwise), may be used in connection with matching for whatever purpose with such other personal information and/or may be used, stored, disclosed, transferred (whether within or outside the Philippines) to such persons or entities as CPAIC may consider necessary, including without limitation but not limited to any of its affiliates, parent or related companies, or any individuals/organizations/corporations/entities associated with CPAIC to:
  - a. Process and deal with my application/policy and provide all services related to my application/policy;
  - b. Promote other products/services by CPAIC and its affiliated or related companies/entities, and to process my information for product development and for marketing purposes;
  - c. Communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction.
- C. I/we understand that CPAIC shall use my/our personal information to evaluate and assess my/our application and need for insurance, as well as to service any of my/our policies and needs including the evaluation of any future claims. I/We also authorize CPAIC to disclose to affiliated entity(ies) or to persons or entities providing services on CPAIC’s behalf consistent with the purpose for which the information was obtained.
- D. I/we understand that company notices related to my/our policy will be sent to me/us through email or SMS in the address/number I/we provided above, otherwise, sent to me to my/our preferred mailing address.
- E. I/we understand that my policy coverage will take effect upon successful payment of my/our initial premium, and delivery of the policy.
- F. I/we declare that I/we have informed CPAIC of all my citizenships, residencies and tax residencies, and provided CPAIC with my/our identification number(s). I/we agree to promptly update CPAIC of any changes to said information.
- G. I/we authorize CPAIC to disclose my/our personal information to any government or tax authority (within or outside the Philippines) for the purposes of ensuring CPAIC’s compliance with applicable laws and regulations.
- H. I/We understand that we have the right to access our personal information at any time; correct or rectify any information collected or held by CPAIC which are inaccurate, false, or incomplete; object in case of any unauthorized collection; erase or block information which is incomplete, outdated and false; and such other rights as may be available under the Data Privacy Act.
- I. I/we agree that CPAIC shall have the right to: (a) require the owner(s), claimant(s) and/or payee(s) of the Policy to provide CPAIC with their above-mentioned personal information and/or submit or sign such documents as CPAIC may reasonably require; (b) and disclose said personal information to any government or tax authority (whether within or out of the Philippines) for the purposes of CPAIC’s compliance with applicable laws and regulations. If I/we fail to do any of the above-mentioned acts, I/we agree that CPAIC may provide my/our personal information to such government or taxation authority(ies) to comply with the applicable laws and regulations.

\_\_\_\_\_  
 Signature of Client/Authorized Signatory over printed name  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Client/Authorized Signatory over printed name  
 Date: \_\_\_\_\_

Two Government Issued IDs: \_\_\_\_\_

Two Government Issued IDs: \_\_\_\_\_

\_\_\_\_\_  
 Expiry Date: \_\_\_\_\_

\_\_\_\_\_  
 Expiry Date: \_\_\_\_\_

## 5. Agent/Broker/Distributor Declaration

IF ACCOMPLISHED IN THE PRESENCE OF THE AGENT OR BROKER

I/We hereby declare that I/we have checked that the customer is fully aware of the undertakings of the Policy and the payment terms and conditions; and that the personal information provided by the Proposed Client/s are accurate and up to date.

\_\_\_\_\_  
Signature of Agent/Broker/Distributor over printed name

Date: \_\_\_\_\_

Two Government Issued IDs:

\_\_\_\_\_  
Expiry Date:

\_\_\_\_\_  
Signature of Agent/Broker/Distributor over printed name

Date: \_\_\_\_\_

Two Government Issued IDs:

\_\_\_\_\_  
Expiry Date:

### IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance providers and intermediaries. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints please contact the Public Assistance and Mediation Division (PAMeD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and email address [publicassistance@insurance.gov.ph](mailto:publicassistance@insurance.gov.ph). The official website of the Insurance Commission is [www.insurance.gov.ph](http://www.insurance.gov.ph).