

MACHINERY/EQUIPMENT INSURANCE (EEI/MB) APPLICATION FORM

Company Name	:			
BIR TIN	:	_____ - _____ - _____ - _____		
Nature of Business	:			
Business Address	:			
Contact Person	:	_____		
		Last Name	First Name	M.I.
Designation/Position Title	:			
Gender	:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Contact Details	:			
Telephone No.		_____		
Fax No.		_____		
Mobile No.		_____		
Email address		_____		
Name of Insured	:			
Risk Location	:			
Building Name		_____		
Unit No./Floor Level		_____		
Street No./Street Name		_____		
Subdivision/Barangay		_____		
Ind'l. Park/Town/ City		_____		
Province		_____		
Type of Equipment*	:			
Brand		_____		
Model		_____		
Serial No.		_____		
Year of Make		_____		
Capacity		_____		
Acquisition Date		_____		
Acquisition Cost		P	_____	
New Replacement Value		P	_____	
* for various equipment, please attach inventory list with technical specifications as listed above				
<i>For PISC use only</i>				
Date/Time received	:			
Received by	:			
Documents submitted	:			
Reference No.	:	Type of Insce.	<input type="checkbox"/> EEI <input type="checkbox"/> MB Quote No. _____	