

PHILIPPINE CROP INSURANCE CORPORATION  
Region \_\_\_\_\_

**APPLICATION FOR CROP INSURANCE**  
**(Individual Application)**

NEW  \*RENEWAL

RICE  SELF-FINANCED LENDER \_\_\_\_\_ DATE  /  /   
 CORN  BORROWING \_\_\_\_\_ 05 (mm) / 14 (dd) / 2023 (yyyy)

Sir/Madam,

I hereby apply for crop insurance coverage under the terms and conditions of the Master Policy Contract and Rules and Regulations of the Philippine Crop Insurance Corporation.

*\*NOTE: For renewal of coverage, fill-out only the information required in B.3 to B.7. and C.*

**I. BASIC INFORMATION**  
**A. The Farmer**

Manuel Last Name Madelyn First Name Orlanda Middle Name  
Purok 5 Doña Lucia, Quezon Nueva Ecija 0966630957  
No. & Street/Sitio Barangay Municipality Province Cell phone Number  
Sex:  Male  Female Date of Birth (mm/dd/yyyy) Age 45 Bank Name \_\_\_\_\_  
Bank Account No. \_\_\_\_\_  
PWD: Specify  \_\_\_\_\_  
Indigenous People: Specify:  \_\_\_\_\_  
Civil Status:  Single Married \_\_\_\_\_ Widow/er \_\_\_\_\_ Separated \_\_\_\_\_ Bank Branch / Address \_\_\_\_\_  
\*If married, Name of Spouse \_\_\_\_\_  
Name of Legal Beneficiaries: \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**B. The Farm** [use separate sheet of application paper if more than three (3) lots]

Particulars	Lot 1 _____ ha.	Lot 2 _____ ha.	Lot 3 _____ ha.
<b>B.1. Farm Location/LSP</b>			
Sitio			
Barangay	<u>Doña Lucia</u>		
Municipality	<u>Quezon</u>		
Province	<u>Nueva Ecija</u>		
<b>B.2. Boundaries</b>			
North			
South			
East			
West			
<b>B.3. Variety</b>			
<b>B.4. Planting Method<sup>1</sup></b>	<input checked="" type="checkbox"/> DS <input type="checkbox"/> TP	<input type="checkbox"/> DS <input type="checkbox"/> TP	<input type="checkbox"/> DS <input type="checkbox"/> TP
<b>B.5. Date of Sowing</b>	05-11-2023		
<b>B.6. Date of Planting</b>			
<b>B.7. Date of Harvest</b>			
<b>B.8. Land Category<sup>2</sup></b>	<input checked="" type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> UL	<input type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> UL	<input type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> UL
<b>B.9. Soil Type<sup>3</sup></b>	<input checked="" type="checkbox"/> CL <input type="checkbox"/> SCL <input type="checkbox"/> SiL <input type="checkbox"/> SaL <input type="checkbox"/> Others	<input type="checkbox"/> CL <input type="checkbox"/> SCL <input type="checkbox"/> SiL <input type="checkbox"/> SaL <input type="checkbox"/> Others	<input type="checkbox"/> CL <input type="checkbox"/> SCL <input type="checkbox"/> SiL <input type="checkbox"/> SaL <input type="checkbox"/> Others
<b>B.10. Topography</b>	<input checked="" type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly	<input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly	<input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly
<b>B.11. Source of Irrigation<sup>4</sup></b>	<input checked="" type="checkbox"/> NIA/CIS <input type="checkbox"/> DW <input type="checkbox"/> SWIP <input type="checkbox"/> STW	<input type="checkbox"/> NIA/CIS <input type="checkbox"/> DW <input type="checkbox"/> SWIP <input type="checkbox"/> STW	<input type="checkbox"/> NIA/CIS <input type="checkbox"/> DW <input type="checkbox"/> SWIP <input type="checkbox"/> STW
<b>B.12. Tenorial Status</b>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee

**C. The Coverage**

Crop:  RICE Type of Cover: MULTI-RISK  
           CORN  NATURAL DISASTER

Amount of Cover: 6 0 0 0 0 Premium: \_\_\_\_\_

CLTIP - ADSS: \_\_\_\_\_  
Sum Insured (SI): \_\_\_\_\_ Premium: \_\_\_\_\_

**D. For PCIC use:**  
Phase:  
Rice: Wet \_\_\_\_\_ CIC No.: \_\_\_\_\_  
      Dry \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Corn: A. \_\_\_\_\_ COC No.: \_\_\_\_\_  
      B. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Period of Cover: From \_\_\_\_\_  
                          To \_\_\_\_\_

**II. CERTIFICATION**

I hereby certify that the above information are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature / Thumb Mark over Printed Name  
**Farmer - Applicant**

I hereby certify that the above farmer-applicant follows POT/GAP<sup>5</sup>, and that, for crop already planted at the time of application, no risk insured against has occurred.

Madelyn Manuel  
\_\_\_\_\_  
Signature over Printed Name  
**Supervising Agricultural Technologist/Account Officer**

Date: 05/16/2023

**Legends:**

<sup>1</sup>Planting Method: (1) DS - Direct Seeding (2) TP - Transplanting

<sup>2</sup>Land Category: (1) IR - Irrigated (2) RF - Rainfed (3) UL - Upland

<sup>3</sup>Soil Type: (1) CL - Clay Loam (2) SCL - Silty Clay Loam (3) SiL - Silty Loam (4) SaL - Sandy Loam

<sup>4</sup>Source of Irrigation: (1) NIA/CIS - National Irrigation Administration/ Communal Irrigation System (2) DW - Deep Well (3) SWIP - Small Water Impounding Project (4) STW - Shallow Tube Well

<sup>5</sup>POT/GAP: Package of Technology/ Good Agricultural Practice