Republic of the Philippines GOVERNMENT SERVICE INSURANCE

Cagayan de Oro Branch Office Tel. No. (08822)724091 / (088)858-5818

APPLICATION FOR PROPERTY INSURANCE

| Name of A | \ssured: | | | <u> </u> | Date. | |
|--|--|--|---|------------------------|-----------------------------------|--------------|
| Adress | | | | | | <u>-</u> |
| Description | on of the Propert | y to be insured | | | | |
| Property | a) Building | | Value | a) | | |
| | b) Contents (ful | mitures, fixtures & equip.) | | b) | | |
| | | | Total | | | |
| Location | Block No. | | Street | | | |
| | | | Province | | | <u> </u> |
| A sketch | | be insured and its premis | es to be drawn a | at the back he | areof. | ··- |
| | will be against (| <u>-</u> | | | | |
| | d/or Lightning | | (5) Pint Stril | ke & Malicious | Damage | T |
| (2) Full Ea | | | (6) Extended | | | |
| (3) Typhod | | | | (7) Robbery & Burglary | | |
| (4) Flood | | _ | | | | |
| period will belief, and | ng unless and un cause the GSIS I hereby declar I I agree that this | nder Section 77, Insurance til the premium thereof has to cancel the policy without a that the above particulars application shall be the basi | peen paid." There prior notice. are complete and | fore, non-pay | ment within the est of my know | e prescribed |
| Insurance Mode of F | | | | | | |
| , mode of t | T T | Name of Bank | Check No. | Date | Amount | OR No.& Date |
| Cash | | | | | | |
| Post dated | d Checks* | | | | | |
| the quarte | er or of the semes | er, semi-annual payments an ster. Dishonored checks sha ventory for Fumiture, Fixture | ll automatically ca | incel the polic | y. Letc. | e month, of |
| Signature over Printed Name (Prepared by) | | | | Sign | ature over Prin | |

(Please submit duly accomplished application form to the Housing and Insurance Unit)

Republic of the Philippines

GOVERNMENT SERVICE INSURANCE SYSTEM

Carmen, Cagayan de Oro City

| FIRE | INSUR | ANCE A | PPLICATI | ON | | |
|------|--------------|--------|----------|-------|--------|-----|
| INVE | NTORY | OF EQ | JIPMENT | S AND | MATERI | ALS |

| Date Prepared: | i | |
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| | EQUIPMENT/MATERIAL | QUANTITY | UNIT | UNIT VALUE | TOTAL VALUE |
|----------|--|-------------|--|--------------|--|
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| Prapared by: | Certified Correct: | | | |
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| SIGNATURE OVER PRINTED NAME | SIGNATURE OVER PRINTED NAME | | | |