

Commonwealth Insurance Company
Head Office: 10th & 19th Floor BDO Plaza, 8737 Paseo de Roxas, Makati City
Phone: (02) 818-7626 to 31 ● Fax: (02) 813-8575 ● Email: info@cic.com.ph
Website: www.cic.com.ph

Personal Accident Insurance Application Form

WCE CO	Plan Desired: Regular Plan Family Plan Executive Plan
	Amount of Cover Desired:
ull name:	
Address:	
andline No.: Mobile No.:	Email Address:
Gender: Age: Birth Date:	Birth Place:
Height: Weight:	Marital Status: Single Married Widow/er
Occupation:	Annual Income:
state Duties Fully:	
	Nature of Business:
imployer's Address:	
Phone Number:	
Beneficiary	W. 1. 22 1. 2
	Relationship:
Address:	
	Relationship:
Address:	
	Relationship:
Address:	
 Do you operate or ride any two-wheeled motor vehicle? Are you holding an elective public office? During the past five (5) years, have you campaigned for or served in any elective position? (If yes, when & in what capa a. Are you planning any journey outside the country or any hazardous activities? (If yes, give details) b. Average flying hours per year: 	Yes No
 Are you planning to engage or are you engaged in any sports/activities like hunting, polo, horse racing,water skiing, skin diving, scuba diving, football, soccer, motor racing, mountaineering, land & ice hockey, bob diving, sled driving, yachting or private flying as a pilot? (If yes, please underline or state the sports/activities) Do you have any physical deformity, impairment of hearing or vision, or loss of hand, foot or vision? (If yes, give details) 	9. Do you have life, accident, disability or hospital insurance now or being applied for? (If yes, what companies, amount and type of coverage) 10. Do you have life, accident, disability or hospital insurance declined, postponed, modified, rated up, cancelled, or renewal refused? (If yes, state kind of insurance, company, date, and reasons)
complete and true and that I have not withheld or co	11. Do you understand and agree that no insurance will be effective until the policy is issued? d declare and warrant that the following statements and answers are full oncealed any information affecting this proposed insurance. I agree that this me by the Company and that any concealment or material misrepresentation
	Applicant's Signature

Application Date_