TRAVEL INSURANCE APPLICATION FORM

Pacific Cross Insurance, Inc.
8 Rockwell Buidling, Hidalgo Drive,
Makati City, Metro Manila, Philippines

For Pacific Cross's use only: This Application Form was issued with Official Confirmation of Coverage (OCC) Number: _____ _____ or Group Policy Number: _____

❑ SINGLE TRIP INDIVIDUAL	❑ SINGLE TRIP FAMILY	❑ MULTI-TRIP
❑ Worldwide Elite (including Schengen)	❑ Asia & Oceania	❑ Domestic

Name of Applicant:

Address: ❑ Office ❑ Home

Tel. No.: *(Landline or Mobile)* **E-mail Address:** **Place of Birth:**

Occupation: **Nationality:** **Civil Status:** **Gender:** ❑ M ❑ F

Principal Applicant's Passport No.: or **TIN/SSS/Driver's License I.D. No.:**

Principal Applicant is included in the Persons to be insured? ❑ YES ❑ NO **If yes, include your details in the "Persons to be insured" table.**

Purpose of Trip: ❑ Visit Relatives ❑ Business (i.e., attending conference or meeting) ❑ Short-term Study ❑ Leisure ❑ Others (Pls. specify.) _____

PERSONS TO BE INSURED *(first name, middle name, last name)*:	**Insured 1:**	**Insured 2:**	**Insured 3:**	**Insured 4:**	**Insured 5:**
BIRTHDATE *(mm/dd/yyyy)*:					
PLACE OF BIRTH:					
CITY/TOWN ADDRESS *(State only if different from Applicant's address)*:					
TEL. NO. *(State only if different from Applicant's Tel. No.)*:					
NATIONALITY:					
GENDER:	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female
SOURCE OF FUNDS:					
I.D. TYPE/NO. *(State only if different from Applicant's ID)*:					
PLAN:					
BENEFICIARY'S NAME[1] *(first name, middle name, last name)*:					
BIRTHDATE *(mm/dd/yyyy)*:					
PLACE OF BIRTH:					
CITY/TOWN ADDRESS *(State only if different from Applicant's address)*:					
TEL. NO. *(State only if different from Applicant's Tel. No.)*:					
NATIONALITY:					
GENDER:	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female
I.D. TYPE/NO.:					
RELATIONSHIP TO INSURED:					

[1]*Please designate a Beneficiary under the law on succession. Otherwise, kindly submit a legally acceptable affidavit prior to Policy issuance (e.g., joint affidavit of common law partnership stating the single status of both Insured and Beneficiary).*

MODE OF PAYMENT: ❑ CASH ❑ CHECK ❑ CREDIT/DEBIT CARD **TOTAL COST**

ITINERARY: *(Please leave blank if you are applying for a Multi-Trip Plan.)*

COVERAGE TO COMMENCE FROM ☐☐ *month* ☐☐ *day* ☐☐☐☐ *year* **TO** ☐☐ *month* ☐☐ *day* ☐☐☐☐ *year* **FOR** _____ **DAYS**

2/F (Client & Partner Center), 8/F (Sales & Customer Service Center) and
18/F (Operations & Executive Center), 8 Rockwell Building, Hidalgo Drive, Makati City, Metro Manila, Philippines
T +63 2 8230-8511 **F** +63 2 8230-8570 **E** client_services@pacificcross.com.ph **W** www.pacificcross.com.ph

The statements indicated herein are true and complete and all prospective Insured/s understand that no travel will be made for the purpose of obtaining medical treatment for any existing, recurring, congenital, medical and physical conditions. I understand that any Pre-Existing Medical Condition shall not be insured, unless stated covered in the Policy Schedule or Official Confirmation of Coverage. I understand and accept the Notes, Terms and Conditions indicated in this Application Form and as stipulated in the Master Policy. I understand that the prospective Insured/s have personally applied for the travel insurance coverage. I hereby represent and confirm that the details stated herein are true and correct. By submitting this application form, I accept the conditions by which Pacific Cross will provide insurance coverage for the trip of all prospective Insured/s.

I understand that under Republic Act 9160 (Anti-Money Laundering Act) as amended by Republic Act 9194 and pertinent regulations, all Insurance Commission regulated entities are required to satisfactorily establish the identities of all its customers. Hence, Pacific Cross Insurance, Inc. reserves the right not to accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his identity.

During the effectivity of the Policy, the Policyholder agrees to the following:

1. In case the company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the Policyholder, the company may apply the following:

    a. Measures to restrict the services available or prohibit any further transactions on the Policyholder until full and proper CDD measures have been successfully conducted; and

    b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the Policyholder to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

2. Be bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

I understand that any change in the details indicated herein should be made in writing and submitted to Pacific Cross prior to Policy commencement date. Otherwise, the Policy is enforced.

DATA PRIVACY CONSENT: I understand that Pacific Cross collects and uses my personal data to service and administer my insurance policy, to provide appropriate and timely Medical and Travel Services, and for the purposes provided in the Pacific Cross Privacy Statement attached to this application form (also available at www.pacificcross.com.ph). By signing this application form, I acknowledge that I have read and agree to the terms of the Privacy Statement, and understand that my data may be collected, shared, disclosed, transferred, used or otherwise processed by Pacific Cross in accordance with the Data Privacy Act of 2012, its implementing rules and regulations, and the Privacy Statement. Nothing in this form is intended to revoke or supersede any prior consent that I have given to Pacific Cross in respect of the processing activities involving my personal data.

Signature over Printed Name of Insured	**Date**	*I certify that I have validated the information in this application against the original I.D. card/s presented and in doing so, have established the applicant's identity.* **Signature over Printed Name of Agent**

NOTES: This application forms part of the contract. **For full details, please refer to the Master Policy**. A copy is available for inspection at any Pacific Cross office or from your Agent. Notice of any claim must be given to the Company within 30 days from the expiration of this insurance or upon completion of events for which the claim is being made.

MAXIMUM PERIOD OF COVERAGE: Up to 180 days per trip for Single Trip and 90 days per trip for Multi-Trip Plans, unless otherwise endorsed.

PERIOD OF INSURANCE: Single Trip and Multi-Trip Plans commence seven (7) hours prior to the scheduled departure indicated in your travel ticket, or the specified effective date applied for, whichever is later and ends on: (a) the indicated expiry date/ expiry of the 90-day limit per trip or (b) upon return to the place of residence or employment or (c) after seven (7) hours upon actual arrival at the airport terminal premises of the Point of Origin, whichever occurs first.

Use below if space on the front page is insufficient. However, please continue to indicate the total premium at the front.

PERSONS TO BE INSURED *(first name, middle name, last name)*:	**Insured 6:**	**Insured 7:**	**Insured 8:**	**Insured 9:**	**Insured 10:**
BIRTHDATE *(mm/dd/yyyy)*:					
PLACE OF BIRTH:					
CITY/TOWN ADDRESS *(State only if different from Applicant's address)*:					
TEL. NO. *(State only if different from Applicant's Tel. No.)*:					
NATIONALITY:					
GENDER:	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
SOURCE OF FUNDS:					
I.D. TYPE/NO. *(State only if different from Applicant's ID)*:					
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REMARKS (for Pacific Cross's use only):	