BUSINESS PROTECT APPLICATION FORM

Name of App	licant:			
Address (Mail	Last Name	First N	ame	Middle NAme
Address (Mail	ing Address).			
Number	Street	Subdivision/Village	2	Barangay
Municipality/City		Province		Zip Code
Contact Num	ber/s: (Home)	(Office)	(Mo	bile)
	s:			
	y Business Protect			
	e to receive compa			
	🗌 Single 🛛 🗌 Ma		rated 🛛 🕁 W	idowed
Age:	Citizenship:			
Date of Birth:	(mm)/ (dd)	/(уу)	Gender:	□m □f
	usiness Name:			
Business Add	ress:			
Number	Street	Subdivision/Village	>	Barangay
Municipality/City		Province		Zip Code
Name of Auth	norized Representat	ive:		
Details of Aut	horized Representa	tive:	sition, email address, o	contact number)
Contact Perso	on (if different from <i>)</i>			
Details of Cor	ntact Person:			
		(Position, e	email address, contact	number)
Date Establis				
Type of Busin	ess: 🗌 Single Pro	prietorship 🛛	Partnership	Corporation
Corporate Gro	oup Affiliation, if any	/:		
	tion Number (TIN):			
	d? □Y □N			
Principal Stoc	kholders/Partners a	as of		(Date)
1				
2				
3				
List of Directo	ors as of		(Date)	
1				
3.				
	tivity Date:			
	Property/Build	ing Owner 🛛	Tenant	
	y mortgaged? 🗌 Ye			
			SUM INSURED	<u> </u>
Structure/Bu	ildina		30M INSUREL	,
Leasehold Im				
		1		

Furniture, Fixture 8	Fittings		
Machinery & Equip	ment		
Stocks in Trade			
Others			
Total			-
🗌 Yes 🗌 No (Plea:	se specify)	commercial space?	
Number of Storeys	·	Part Concrete/Timber	
Exterior Walls:	🗌 Concrete	Part Concrete/Timber	
	🗌 Timber	Others (pls. specify):	
Roof:		 Plastic Material Ceramic Materials/Tiles 	
	🗆 G.I. Sheet	Others (pls. specify):	
Boundaries (facing	street):		
Front:			
Rear:			
Left:			
Right:			
		r not):	
LOSS Experience (W	nether mouled o	nog	

EMPLOYEES PERSONAL ACCIDENT INSURANCE:

Please indicate personal details of each family member. (Please use additional sheets if necessary)

(Flease use additional sheet	.s in necessary	
Name	Relationship	Date of Birth
1		
2		
3		
4		

I hereby apply for Business Protect and warrant that the above statements and answers submitted for consideration by the Company are full, complete, and true. I agree that this application form shall be the basis of any policy to be issued by the Company and that any material misrepresentation made herein shall bar my right to recover.

DATA PRIVACY I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share my personal information to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, investigators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, investment, data analytics, statistical analysis, risk analysis/ assessment/management, financial and tax monitoring/review/reporting, protection against fraud, errors, or misrepresentations, profiling, research, due diligence, company evaluation, studies/customer satisfaction surveys, and compliance with legal, regulatory or contractual requirements. Further, I agree that Malayan may notify and offer me any of its products and services that may be useful to me. In furtherance of these purposes, my personal information, unless prohibited, may be processed outside the Philippines and be subject to different data protection standards.

AUTHORITY TO VERIFY INFORMATION I also authorize Malayan to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

RIGHTS OF THE DATA SUBJECT | acknowledge that | have the right to access the given information and | undertake to correct, rectify or supplement the same should any information be found to be inaccurate or incomplete. I shall notify Malayan in writing of any changes in the information given above.

UNDERTAKING I hereby warrant that all personal information given by me are true, correct, updated to the best of my knowledge, and freely and voluntarily given to Malayan. I agree and consent that the above information are being collected, used, processed and recorded for purposes of securing insurance protection or any other business transaction(s) with Malayan and for other purpose as indicated herein.

and for other purpose as indicated nerein. If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I have been duly authorized to perform such acts and permitted to give their information to Malayan. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product or services from Malayan of all the terms and conditions herein. I will hold Malayan, directors, officers, employees, agents, successors and assigns free and harmless from any liability that may arise as a result of the authorization given above. By signing this form, I hereby certify that I have read and understood the foregoing and this consent remains valid and binding unless I submit a written notice to Malayan revoking or altering the same.

□ AUTHORITY TO DISCLOSE By ticking the box, I hereby authorize Malayan to grant the members of the Yuchengco Group of Companies (VGC), their and Malayan's affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations, and other third parties access to my personal information, including this form, for purposes of marketing, sales or promotional information campaigns, and provision of any products, services, or offers through mail/SMS/telephone, or any type of electronic facility.

Signature: (Client's signature over Printed Name) (Date Signed)

 Signature:
 (Broker, Agent or other Authorized Representative of Client) (Date Signed)

 This cover only attaches upon issuance of the policy.

 Agent Code:

 This portion is to be filled out by Malayan Personnel:

 MANAGEMENT REFERRED?
 Y IN If YES, Referrer's Name

 Verified by:
 (Date Received)

 Note: Please submit accomplished Form together with a copy of any government-issued ID

Note: Please submit accomplished Form together with a copy of any government-issued I (For ex. TIN/SSS/GSIS/Philhealth, Driver's License, Passport, etc.)

Call (02) 8242-8888 or your nearest Malayan Insurance branch.



Yuchengco Tower I, 500 Quintin Paredes Street, Binondo, Manila

Tel. No. : (02) 8242-8888 • Fax No. : (02) 8242-2222

Website: www.malayan.com Email: malayan@malayan.com

AVIATION • ENGINEERING • FIRE • MARINE • MISC. CASUALTY MOTORCAR • PERSONAL ACCIDENT • SURETY

DISCLAIMER: This brochure is intended to be a general summary. Malayan Insurance Co., Inc. reserves the right to modify terms, coverage and limits or decline coverage as it deems appropriate. Submission of the filled-out application form does not constitute a commitment to cover and is not a guarantee of acceptance by the Company.

New & Improved! Now with Concierge Assistance



We keep your business secured.



Insure to be sure.

Insure to be sure.

Now you don't have to worry about the risk exposures of your business!

Malayan's Business Protect is an insurance package protection for small and medium enterprises (SMEs). It comes in several variations that befits the needs of store operations, whether the risk be food or drink outlets, business centers, health and personal care centers, restaurant, and even small offices and kiosks.

PRODUCT FEATURES AND COVERAGE



PROPERTY INSURANCE

Provides coverage for your business against loss or damage resulting from Fire and Lightning, Typhoon, Flood, Earthquake Fire & Earthquake Shock, Smoke Damage, Explosion, Vehicular Impact, Falling Aircraft, Riots, Strikes and Malicious Damage, Sprinkler Leakage, and Bursting or Overflowing of Water Tanks, Apparatus, and/or Pipes (BOWTAP).

- Fire Fighting Expenses
- Debris Removal Compensation
- Architect & Surveyor's Fee



MONEY. SECURITIES AND PAYROLL **INSURANCE**

Compensates for loss of money or securities stored within the Insured's business premises due to burglary or robbery. In addition, this cover will also respond for loss of money-in-transit from the business premises to the bank and vice-versa, due to robbery.



PERSONAL ACCIDENT INSURANCE

A 24-hour, 365-day protection for the Insured and Insured's employees against accidents. As a standard feature, Business Protect provides coverage for four (4) named employees provided that the age of each person declared under this benefit does not exceed 60 years old.

COMPREHENSIVE GENERAL LIABILITY

Value-added feature that brushes off business-related legal worries. It provides protection to the Insured's business against third party claims as a result of property damage and/or bodily injury arising from the operations of the business. This includes legal expenses necessary to defend the Insured from third party claims.

Depending on the type of business, CGL offers specific extensions that are relevant to the nature of business. Covers the following CGL Extensions:

- Fire Legal Liability
- Tenant's Legal Liability
- Premises Medical Payment
- *Deleterious Matter in Food and Drinks
- **Carpark Liability

*Applicable to RESTO, KIOSK, and WATER STATION variants only **Applicable to RESTO variant only



COVERS THE FOLLOWING BUSINESS ESTABLISHMENTS

RESTO

restaurant establishments duly licensed to serve meals (food and/or beverages) excluding bars, nightclubs and the like.

HAIRCUTS

barbershop or beauty salon located in shopping malls or commercial complex.

KIOSK

kiosk or open-sided booth located inside a shopping mall or commercial complex.

$\mathbf{\cap}$ **CLINIC** personal care centers and clinics duly accredited with

the Department of Health and supervised by a licensed medical practitioner or allied medical professionals. **H2O STATION**

filling and re-filling outlets of distilled or purified water

SHOP പ്പു retail stores

OFFICE

Business Protect now has Concierge and Lifestyle Services.

- Value added Business Protect feature that is designed to help every SME owners with their business permit renewal, web design or development, and legal counseling.
- Concierge Services will also provide over-the-phone emergency support services such as Telephone Medical Advice and Call for Help.

Call your Lifestyle Assistant now at (02) 8687-8357

#	BASIC COVERAGE	COVERAGE/LIMIT
	PROPERTY INSURANCE	
1	Fire & Lightning with Allied Perils: Typhoon, Flood, Earthquake Fire & Earthquake Shock, Smoke Damage, Explosion, Vehicular Impact, Falling Aircraft, Riots, Strikes and Malicious Damage, Sprinkler Leakage, and Bursting or Overflowing of Water Tanks, Apparatus, and/or Pipes (BOWTAP).	NO MINIMUM SUM INSURED – NEW!
2	PROPERTY-RELATED EXTENSION	
	Debris Removal, Professional Fees, and Fire Fighting Expense	5% of Property Insurance Limit (Combined Single Limit
	COMPREHENSIVE GENERAL LIABILITY	
	Premises Liability	PhP 500,000.00
	Fire Legal Liability	PhP 500,000.00
	Tenant's Legal Liability	PhP 500,000.00
	Premises Medical Payment	PhP 5,000.00
	Per Person	PhP 10,000.00
	Per Occurrence	PhP 50,000.00
3	Annual Aggregate	PhP 250,000.00
	*Deleterious Matter in Food & Drinks(resto, kiosk and water stations variants only)	
	Per Person	PhP 50,000.00
	Per Occurrence and Annual Aggregate	PhP 500,000.00
	Carpark Liability (resto variant only)	
	Per Vehicle	PhP 50,000.00
	Per Occurrence and Annual Aggregate	PhP 500,000.00
4	PERSONAL ACCIDENT INSURANCE (up to four named employees) – NEW	
	Age Eligibility: Up to 69 years old	
	Accidental Death & Dismemberment	PhP 50,000.00
	Medical Reimbursement	PhP 5,000.00
5	MONEY, SECURITIES & PAYROLL INSURANCE	
5	Inside and Outside Premises	PhP 50,000.00