



APPLICATION FOR CREDITORS GROUP LIFE INSURANCE

GENERAL INFORMATION

Last Name		First Name			Middle Name		
Address							
Contact Details:	Home	Office	Cell Phone		Fax		
Date of Birth (MM/DD/YYYY)	Place of Birth		Age	Sex	Height	Weight	
Nationality			Occupation				
Name of Employer			Place of Work				

FOR GROUP LIFE INSURANCE

FOR POLICY WITH DEPENDENT'S COVERAGE

Name of Beneficiary	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Dependents	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the above-named debtor, agree that Generali Life Assurance Philippines, Inc. shall incur no liability by reason of this application or by any reason of any cash paid or settlement made in connection therewith, until this application has been approved by GLAPI while I am alive and actively at work or actively engaged in the exercise of my occupation, and in good health with no change having taken place in the insurability subsequent to the date of this application.

I agree that:

1. All material facts, being facts which might influence the assessment of this Application, have been truthfully, completely and correctly disclosed in this Application and/or any other declaration which may be required by GLAPI, it being understood that failure to make such disclosure renders the contract void;
2. If, on the basis of this application and/or any other declaration which may be required by GLAPI, the policy coverage is changed so as to result in an increase in the amount at risk, death by suicide within a period specified in the Suicide Provisions of the policy, is a risk not assumed under the changed policy coverage in respect of any increase in the amount at risk;
3. The validity of insurance on any proposed life insured debtor shall not be contested, except for non-payment of premiums, after his insurance has been in force for one year during his lifetime; and;
4. GLAPI reserves the right to deny claims on the basis of gross fraud or valid grounds recognized under the laws and settled jurisprudence in case of death in any year.

SIGNED AT _____ ON _____

 SIGNATURE OVER PRINTED NAME OF WITNESS

 SIGNATURE OVER PRINTED NAME OF PROPOSED LIFE INSURED DEBTOR