

## Solar Contrator's All Risk **Insurance Application Form**

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A. Contact Details of the Named Insured	
Company Name:	
Business Address: (Number, Street, Subdivision/Village, Barangay, Municipality/City, Province, Zip Code)	
BIR Tax Identification Number (TIN):	
Contact Person:	Designation/Position Title:
Telephone Number:	Email Address:
Cellphone Number:	Fax Number:
B. Project Details	
Project or Contract Title:	
Complete Address of the Project Site: (Number, Street, Subdivision/Village, Barangay, Municipality/City, Province, Zip Code)	
Project Owner Information:	Contractors/Sub-Contractors Information:
Suppliers/Manufacturers:	
Estimated Completion/Contract Duration:	100% Contract Price:
Submit a copy of the Construction Agreement, Bill of Materials, Time Schedule and other relevant project documents as may be required by the Underwriters	
Note: Other information will be asked by insurance underwriter if required.	