APPLICATION FOR
INSURANCE POLICY

APPLICANT	BUSINESS NAME:	
	ADDRESS:	
	CONTACT NO.:	
	EMAIL:	
	CONTACT PERSON:	
INSURED AMOUNT:		
BENEFICIARY	BUSINESS NAME:	
	ADDRESS:	
	CONTACT NO.:	
	CONTACT PERSON	
TYPE OF POLICY:		
TENURE:		

Procedure:

1. Fill up and submit the application form provided above along with the supporting documents to be used for the application.
2. Once we receive your application and supporting documents, we will review the information provided. A draft of the requested insurance policy will be prepared; detailing the proposed coverage, terms, conditions, and any designated beneficiaries and will be sent to you for your approval. If you have any questions or require modifications to the draft, our team is available to assist you in making necessary adjustments.
3. Once you have reviewed the draft and are satisfied with the terms, please submit your approval and if further revisions are needed, our team will work with you to finalize the policy details.
4. Upon receiving your approval of the policy draft, we will prepare the final agreement/contract. This contract will include all agreed-upon terms, conditions, and coverage details. The contract, along with the invoices for the premium payment, will be sent to you. You will need to review and sign the agreement to formalize the policy.
5. Once the signed agreement is received, an invoice will be issued detailing the premium payment required to activate the policy.
6. Upon successful receipt of the payment, we will issue the official insurance policy. The policy document will be sent to you, either in digital format or as a physical copy, depending on your preference. Your insurance coverage will be activated immediately upon issuance of the policy, providing you with the protection outlined in the agreement.

We trust this is in order and look forward to hearing from you soon.

Signed by: _____

[CLIENT COMPANY NAME]