



CLIFSA GENERAL INSURANCE AGENCY INC.

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MONEY SECURITY & PAYROLL ROBBERY INSURANCE INSURING AGREEMENT II: LOSS OF MONEY & SECURITIES OUTSIDE THE PREMISES

A non-life insurance program protecting the Coop Cash-In-Transit against robbery **OUTSIDE THE PREMISES** on its day-to-day operation. Each claim for loss or damage under this policy shall be adjusted separately and from the adjusted amount depending on the type of security measures as stated below;

Pre-requisite coverage: Money inside premises (MSPR 1)

- A. Named officer, cashier, teller: Coop office to bank, Coop Main Office to Coop Branches and vice-versa route only provided by a company car.
 - i. Limit of coverage (max): P3,000,000.00 annual aggregate limit / person
 - ii. 10% of loss; minimum of P10,000.00 per event
- B. Collector with motorcycle with route declaration;
 - i. Limit of coverage (max): P50,000.00 annual aggregate limit / person
 - ii. 10% of loss; minimum of P10,000.00 per event
- C. Collector on public conveyance with route declaration;
 - i. Limit of coverage (max): P30,000.00 annual aggregate limit / person
 - ii. P10,000.00 per event / person
 - iii. 15% of loss; minimum of P2,000.00 per event

APPLICATION FORM 2A

NAME OF COOPERATIVE: _____

MAILING ADDRESS: _____

TELE/FAX NO: _____ MOBILE NO: _____ Contact Person: _____

NAMES (Cashier, Teller or Collectors)	POSITION	COOP CAR / PLATE NO.	AMOUNT Of COVERAGE	AMOUNT OF PREMIUM
TOTAL				

NOTE: In a separate paper please indicate the AREA OF ASSIGNMENT:
For cashier /collectors /account officers, pls indicate the specific route of assignment, branch and name of bank where collection to be deposited.

SCHEDULE OF PREMIUM

NO.	COVERAGE	ANNUAL PREMIUM
1	10,000.00	252.00
2	20,000.00	504.00
3	30,000.00	756.00
4	40,000.00	1,008.00
5	50,000.00	1,259.00
6	60,000.00	1,511.00
7	70,000.00	1,763.00
8	80,000.00	2,015.00
9	90,000.00	2,267.00
10	100,000.00	2,519.00
11	120,000.00	3,023.00

NO	COVERAGE	ANNUAL PREMIUM
12	150,000.00	3,778.00
13	200,000.00	5,038.00
14	250,000.00	6,297.00
15	300,000.00	7,556.00
16	400,000.00	10,075.00
17	500,000.00	12,594.00
18	600,000.00	15,113.00
19	750,000.00	18,891.00
20	1,000,000.00	25,188.00
21	1,500,000.00	37,781.00
22	2,000,000.00	50,375.00

Prepared by: _____

(Pls. print name & affix your signature)

Designation: _____

Please make all check payment to **Coop Life General Insurance & Financial Services Agency (CLIFSA)**. You can also pay on-line deposit through **BDO Savings Account no: 316-0015941 under account name CLIMBS**. For Policy issuance please send a copy of the deposit slip together with this application form telefax (088)8565644.