



CLIMBS Life and General Insurance Cooperative

Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines
 Telefax Nos.: (08822) 738738; (088) 8561355 Tel. Nos. (08822) 738722; 738886
 Email: head_office@climbs.coop Website: www.climbs.coop

APPLICATION FOR SURETY BOND

APPLICATION DATE: _____
 NAME OF COOPERATIVE: _____
 MAILING ADDRESS: _____
 OFFICE PHONE NO: _____ EMAIL ADD : _____

LIST OF ACCOUNTABLE OFFICERS TO BE COVERED

| Names of Employees | Position | Assigned to | Limit of Liability | Premium |
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I am agreeable to sign with the applicant/s covering the applied Surety Bond for by him from your Cooperative the amount as applied above. I am aware of my responsibilities which I will assume in signing. That I am also aware that you will rely on the truth of the following statement in consideration thereof. I authorize you to obtain such information as you may require concerning the statements made hereunder and the agree that this document shall remain your property whether or not the bond is granted.

NOTE: The applicant for the Surety Bond shall not be the co-signer

Co-signer (1): _____ (Pls. Print Name Clearly) _____ (Signature)

Address: _____

Telephone / Cell No: _____ Occupation: _____

Co-signer (2): _____ (Pls. Print Name Clearly) _____ (Signature)

Address: _____

Telephone / Cell No: _____ Occupation: _____