



COOP LIFE GENERAL INSURANCE AND FINANCIAL SERVICES AGENCY (CLIFSA)

5th Floor CLIMBS Building, Tiano - Pacana Sts., Cagayan de Oro City, Philippines
 Tele/Fax #: (088) 8565644 | E-mail Address: clifsa_cdo@yahoo.com



APPLICATION FOR SURETY BOND

NAME OF COOPERATIVE: _____

MAILING ADDRESS: _____

OFFICE TELE/FAX NO: _____ MOBILE NO: _____

APPLICATION DATE: _____ COOP CODE: _____

LIST OF ACCOUNTABLE OFFICER TO BE COVERED

NAMES	POSITION	AMOUNT OF COVERAGE	AMOUNT OF PREMIUM
TOTAL			

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 (1): _____
 (Pls Print Name Clearly) (Signature)

Address: _____

Telephone / Cell No: _____ Occupation: _____

SURETY BOND SCHEDULE OF PREMIUM (effective January 2015)

Amount of Coverage	Annual Premium	Amount of Coverage	Annual premium
-----	-----	100,000.00	1,720.40
10,000.00	495.70	200,000.00	2,109.19
15,000.00	618.80	250,000.00	2,303.60
20,000.00	735.45	300,000.00	2,498.00
25,000.00	845.60	400,000.00	2,886.80
30,000.00	949.28	500,000.00	3,275.60
35,000.00	1,046.50	600,000.00	3,664.40
40,000.00	1,137.20	700,000.00	4,053.20
50,000.00	1,299.20	800,000.00	4,442.00
60,000.00	1,435.30	900,000.00	4,956.05
70,000.00	1,545.45	1,000,000.00	5,219.60
80,000.00	1,629.30	1,500,000.00	7,163.60
90,000.00	1,688.00	2,000,000.00	9,107.60

Please make all checks payable to **COOP LIFE GENERAL INSURANCE AND FINANCIAL SERVICES AGENCY**. You can also pay on-line deposit through **Banco de Oro savings account no: 003160017820 under account name**. For Policy issuance please send a copy of the deposit slip together with this application form or text Globe: 09178528609/Sun: 09328879234 / Telefax (088)8565644.

