

For Pacific Cross use only: This Application Form was issued with Official Confirmation of Coverage (OCC) Number: _____
 or Group Policy Number: _____

<input type="checkbox"/> TRIPGUARD INDIVIDUAL	<input type="checkbox"/> TRIPGUARD FAMILY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> SHORTSECURE (Non-Air Domestic)
<input type="checkbox"/> Travel Including USA/Canada/HKG	<input type="checkbox"/> Travel Excluding USA/Canada/HKG	<input type="checkbox"/> Philippine Travel Only	<input type="checkbox"/> Individual <input type="checkbox"/> Group

Name of Applicant: _____

Address: Office Home _____

Tel. No.: (Landline or Mobile) _____ E-mail address: _____

Occupation: _____ Nationality: _____ Civil Status: _____ Gender: M F

Principal Applicant's Passport No.: _____ OR TIN/SSS/Driver's License I.D. No.: _____

Purpose of Trip: Visit Relatives Business (i.e. attending conference or meeting) Short-term Study Leisure Others (Pls. specify.) _____

PERSONS TO BE INSURED	AGE	BIRTHDATE <small>(mm/dd/yyyy)</small>	PLAN	BENEFICIARY	RELATIONSHIP TO INSURED	PREMIUM

If space is insufficient, please use back page. However, continue to indicate total premium at the front.

MODE OF PAYMENT: CASH CHECK

ITINERARY: (Please leave blank if you are applying for an Annual Plan.) _____ TOTAL COST _____

COVER TO COMMENCE FROM

month	day	year

 TO

month	day	year

 FOR _____ DAYS

The above statements are true and complete and all prospective Insured/s understand that no travel will be made for the purpose of obtaining medical treatment for any existing, recurring, congenital, medical and physical conditions. I understand that any Pre-Existing Medical Condition shall not be insured. I understand and accept the Notes, Terms and Conditions indicated in this Application Form and as stipulated in the Master Policy. I understand that the prospective Insured/s have personally applied for the travel insurance coverage. I hereby represent and confirm that the details stated herein are true and correct. By submitting this application form, I accept the conditions by which Pacific Cross will provide insurance coverage for the trip of all prospective Insured/s.

I understand that under Republic Act 9160 (Anti-Money Laundering Act) as amended by Republic Act 9194 and pertinent regulations, all insurance companies are required to satisfactorily establish the identities of all its customers. Hence, Pacific Cross Insurance, Inc. reserves the right not to accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his identity.

I understand that any change in the above details should be made in writing and submitted to Pacific Cross prior to Policy commencement date. Otherwise, the Policy is enforced.

Signature over printed name of Applicant	Date	<i>I certify that I have validated the information in this application against the original I.D. card/s presented and in doing so, have established the applicant's identity.</i>
		Signature over printed name of Agent

NOTE: This application forms part of the contract. For full details, please refer to the Master Policy. A copy is available for inspection at any Pacific Cross office or from your Agent. Notice of any claim must be given to the Company within thirty-one (31) days from the expiration of this insurance or upon completion of events for which the claim is being made.

MAXIMUM PERIOD OF COVERAGE: Up to 180 days per trip for Tripguard and ninety (90) days per trip for Annual Plans, unless otherwise endorsed; up to five (5) days per trip for ShortSecure Group and fifteen (15) days per trip for ShortSecure Individual.

PERIOD OF INSURANCE: Tripguard and Annual Plans commence five (5) hours prior to the scheduled flight departure indicated in your travel ticket, or the specified effective date applied for, whichever is later and ends on: (a) the indicated expiry date/expiry of the ninety 90-day limit per trip or (b) upon return to the place of residence or employment or (c) after five (5) hours upon actual arrival at the airport terminal premises of the country of Origin, whichever occurs first. ShortSecure Non-Air Domestic Plans commence at the departure time from the Point of Origin which may be the accommodation site such as place of residence or employment, hotels, universities or schools or the terminal wherein the transport vehicle to be used for the land or water trip will set off and ends on the indicated expiry date or upon arrival at the Point of Origin, whichever occurs first.

IMPORTANT NOTES FOR TRIPGUARD FAMILY PLANS

- The Family plan is available if you plan to travel on the same departure and return trip with your family (unlimited number of children), and you are riding on the same conveyance. Also, you and your legal spouse must be eighteen (18) to seventy-five (75) years old and your children's age must range from six (6) weeks to seventeen (17) years old.
- The legal spouse and children are entitled to the same benefits as you. Except when children are six (6) to fifteen (15) years old, in which case the Personal Accident Benefit is up to PhP 1,000,000, US\$ 20,000 or € 15,000 for all Peso, Dollar and Euro Plans, respectively while children under six (6) years old or legal spouse above seventy (70) years old are entitled to PhP 100,000, US\$ 5,000 and € 3,000 for all Peso, Dollar and Euro plans, respectively.
- The maximum limit of the Personal Accident Benefit for the entire family (including you) will not exceed 300% of your Personal Accident Benefit. For all other benefits, the maximum benefit limit of the entire family (including you) will not exceed 400% of your benefits. All benefits are subject to the inner limits of the plan.

TERMS AND CONDITIONS FOR SHORTSECURE NON-AIR DOMESTIC PLANS

- Applicable for ShortSecure Group only:**
- ShortSecure Group is for a minimum number of thirty (30) persons per trip who shall be leaving on the same day and with the same itinerary indicated herein.
 - In case of claim, the notification must be coured through the Travel Agency which shall provide Pacific Cross a Certification of Travel bearing the period of coverage, itinerary and confirmation that the Insured Person with claim is included in this Application Form or Master List submitted to Pacific Cross.
- Applicable for both ShortSecure Group and Individual:**
- Exclusions:
 - All expenses incurred for the management of medical condition, disability or illness other than the direct causal effect of a covered Accident;
 - Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the Policy;
 - Accidents that occurred while riding in any type of air transportation;
 - Accidents that occurred outside the established route or the town/cities in between the Point of Origin up to the place of destination as stated in the itinerary for landbased and seabased transportation.
 - The maximum amount of Personal Accident Benefit for a child under six (6) years old or a person above seventy (70) years old is PhP 100,000.
 - All persons to be insured are not younger than six (6) weeks and not older than seventy-five (75) years in age.
 - In case of death of the Insured Person, the payment of benefits will be subject to the Philippine Law on succession unless a Beneficiary is specified in this Application Form.

REMARKS <small>(for Pacific Cross use only):</small>	
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