



MALAYAN'S

BUSINESS PROTECT

Get the right insurance coverage
for your business.

1 PROPERTY INSURANCE

Provides coverage for your business against loss or damage resulting from Fire and Lightning and Allied Perils namely: Earthquake; Typhoon; Flood; Riot, Strikes, and Malicious Damage; Bursting or Overflowing of Water Tanks/Pipes/Fittings; Sprinkler Leakage; Smoke Damage, Explosion; Vehicle Impact; and Falling Aircraft. It also includes built-in extensions namely Debris Removal, Professional Fees and Fire Fighting Expense.

2 COMPREHENSIVE GENERAL LIABILITY (CGL)

Addresses business-related legal worries in relation to third party claim for bodily injury and/or property damage due to accidents arising out of the insured's business operations or within the insured's business premises.

3 PERSONAL ACCIDENT INSURANCE (PA)

Protects the named employees in the event of accidental death and dismemberment arising within the period of coverage.

4 MONEY, SECURITIES, AND PAYROLL (MSP)

Compensates for loss of money or securities stored within the insured's business premises due to burglary or robbery. In addition, this cover will also respond for loss of money-in-transit due to robbery during the route from the business premises to the bank and vice-versa.

Malayan Insurance Company, Inc. is the leading non-life insurance company in the Philippines. Founded in 1930, Malayan offers its clients and the public **guaranteed peace of mind** through service excellence, quality insurance protection, and the prompt processing and settlement of just and valid claims. No wonder Malayan Insurance is consistently ranked the number **ONE** non-life insurance company in the Philippines since 1970.

**MALAYAN INSURANCE**

A YGC Member

Yuchengco Building, 484 Quintin Paredes Street, Binondo, Manila
Tel. No. : 242-8888 • Fax No. : 242-2222
Website: <http://www.malayan.com> • E-Mail: malayan@malayan.com

AVIATION • FIRE • MARINE • MISC. CASUALTY • MOTORCAR • PERSONAL ACCIDENT • SURETY

F-A080-0512-5



Number 1 sa non-life insurance

**MALAYAN INSURANCE**
A YGC Member

Malayan's Business Protect is an SME insurance package that offers asset protection for various business establishments such as retail stores, offices, restaurants, clinics, shops and even small kiosks.

Call (632) 242-8888

www.malayan.com

The number one non-life insurer in the country.

Now, you don't have to worry about the risk exposures of your business!

COVERAGE

BASIC COVERAGE	SUM INSURED
PROPERTY INSURANCE	
Fire / Lightning with Allied Perils: Typhoon; Flood; Earthquake Fire & Earthquake Shock; Smoke Damage; Explosion; Vehicular Impact; Falling Aircraft; Riots, Strikes and Malicious Damage; Sprinkler Leakage; and Bursting or Overflowing of Water Tanks, Apparatus, and/or Pipes (BOWTAP)	Php 500,000.00
Property-Related Extension	
Debris Removal, Professional Fees, and Fire Fighting Expense	5% of Property Insurance (Combined Single Unit)
COMPREHENSIVE GENERAL LIABILITY	
Premises Liability	Php 500,000.00
Fire Legal Liability	Php 500,000.00
Tenant's Legal Liability	Php 500,000.00
Premises Medical Payment	
Per Person	Php 5,000.00
Per Occurrence	Php 50,000.00
Annual Aggregate	Php 250,000.00
* Deleterious Matter in Food & Drinks (resto kiosk and water station variants only)	
Per Person	Php 10,000.00
Per Occurrence and Annual Aggregate	Php 500,000.00
** Carpark Liability (resto variants only)	
Per Vehicle	Php 50,000.00
Per Occurrence and Annual Aggregate	Php 500,000.00
PERSONAL ACCIDENT INSURANCE	
Accidental Death and Disablement with 10% Medical Reimbursement	Php 50,000.00
MONEY, SECURITIES & PAYROLL INSURANCE	
Inside and Outside Premises	Php 50,000.00
Premium (exclusive of taxes and charges)	Php 2,750.00

* Applicable for restaurant, kiosk and water station

** Applicable for restaurant only

OPTIONAL COVERAGE	SUM INSURED	PREMIUM
Additional PROPERTY INSURANCE Sum Insured (exclusive of taxes and charges)	Php 25,000.00	Php 62.50
	Php 50,000.00	Php 125.00
	Php 100,000.00	Php 250.00
	Php 500,000.00	Php 1,250.00
	Php 1,000,000.00	Php 2,500.00

NOTE: Insurance coverage shall be subject to the complete terms and conditions of the policy. Application does not warrant immediate coverage. The Company reserves the right to evaluate and accept the risk.



BUSINESS PROTECT APPLICATION FORM

Name of Applicant:

(Family Name) (First Name) (MI)

Address:

Dept./Floor Bldg. Street

Subdivision/Village Barangay

Municipality/City Province Zip Code

Contact Number: _____

E-mail Address: _____

Would you like to receive company notifications via email? ☐ Y ☐ N

Age: _____ Citizenship: _____

Date of Birth: (mm)/____/(dd)____/(yy)____ Sex: ☐ M ☐ F

Registered Business Name: _____

Business Address: _____

Name of Authorized Representative: _____

Info/Details of Authorized Representative: _____

(Position, email address, contact number)

Contact Person (If different from Authorized Representative) _____

Info/Details of Contact Person: _____

(Position, email address, contact number)

Date Established: _____

Type of Business: ☐ Single Proprietorship ☐ Partnership ☐ Corporation

Corporate Group Affiliation, if any: _____

Tax Identification Number (TIN): _____

Industry: _____

ISIC Code*: _____

VAT Registered? ☐ Yes ☐ No

Principal Stockholders/Partners as of _____ (Date)

1. _____

2. _____

3. _____

List of Directors as of _____ (Date)

1. _____

2. _____

3. _____

Desired Effectivity Date: _____

Are you the: ☐ Property/Building Owner ☐ Tenant

Is the property mortgaged?

☐ Yes (Please specify) _____

☐ No

	Sum Insured
Structure/Building	
Leasehold Improvement	
Furniture, Fixture & Fittings	
Machinery & Equipment	
Stocks in Trade	
Others	
Total	

Is the property solely occupied as a commercial space?

☐ Yes ☐ No (Pls. specify) _____

Description of the Building: _____ Number of Storeys: _____

Exterior Walls: ☐ Concrete ☐ Timber ☐ Part Concrete/Timber

☐ Other (Pls. specify): _____

Roof: ☐ Concrete ☐ Timber ☐ G.I. Sheets ☐ Ceramic Material/Tiles

☐ Plastic Material ☐ Other (Pls. specify): _____

Boundaries (Facing Street/Commercial Building Walkway)

Front: _____

Rear: _____

Left: _____

Right: _____

Other Business with Malayan _____

Loss Experience (whether insured or not) _____

Employees for Personal Accident Insurance:

Names	Beneficiary (should be next of kin)	Birthday
1		
2		
3		
4		

I hereby apply for Business Protect and warrant that the above statements and answers submitted for consideration by the company are full, complete and true. I agree that this application form shall be the basis of any policy to be issued by the company and that any material misrepresentation made herein shall bar my right to recover.

Signature: _____ Date: _____

This cover only attaches upon issuance of the policy. For more information, please contact Integrated Marketing Communications Department at (02) 242-8888.

Agent Code: _____

This portion is to be filled up by Insurance Company Representative:

Management Referred? ☐ Yes ☐ No

If yes, Referrer's Name: _____

Verified by: _____

(Name & Signature of Insurance Company frontliner)

Date Received: _____