

## Republic of the Philippines Department of Finance INSURANCE COMMISSION 1071 United Nations Avenue Manila



## IC Rating Online Submission System Application Form for Uploading of Requirements in Rating Examination

I. Type of Request:					
□ New Account					
☐ Update Account Inform	☐ Update Account Information				
☐ Reactivate (for accounts	s which have be	een locked/close	d/deactivated due to		
violations/incorrect usage of the system and shall now be reactivated/rehabilitated)					
☐ Deactivate (for accounts					
locked/closed/deactivate	u due lo chang	e iii user, or oure	er justinable reasons)		
II. Company Representative/U	ser:				
Last Name:					
Middle Initial:					
First Name:					
Company:					
Department/Division:					
Position:					
Valid official email address:	,				
(e.g. j.cruz@bcompany.com.ph	)				
Signature:					
III. Supporting Documents:  1. Photocopy of Company 2. COE (Certificate of Em  By submitting this application for Insurance Commission may column with the Data Privacy Act of 2012)	ployment) orm, I agree lect, use and	Printed Name			
IV. <u>Username:</u>		_(to be filled ou	t by Authorized IC Per	sonnel only)	
V. <u>Password:</u>		_(to be filled ou	ıt by Authorized IC Pei	sonnel only)	
Authorization:					
The above by	information	has	been (Name of Company)	authorized	
in relation to the transaction wit Examination.	h the Insurand	ce Commission	(IC) on matters pertain	ining to Rating	
 Printed	I Name and Sig	gnature of Author	rized Officer		
	Position:_				

The information provided will be treated with utmost respect and confidentiality. Insurance Commission follows general principles and rules of Data Privacy protection in the Philippines.

Note: The authorized officer shall be the President or any authorized senior officer of the company with a rank of at least Vice President.