



**IC Rating Online Submission System**  
**Application Form for Quarterly Reports on Adjustment Cases**  
**IMC 4-93**

**I. Type of Request:**

- New Account
- Update Account Information
- Reactivate *(for accounts which have been locked/closed/deactivated due to violations/incorrect usage of the system and shall now be reactivated/rehabilitated)*
- Deactivate *(for accounts which need to be temporarily or permanently locked/closed/deactivated due to change in user, or other justifiable reasons)*

**II. Company Representative/User:**

Last Name:	
Middle Initial:	
First Name:	
Company:	
Department/Division:	
Position:	
Valid official email address: (e.g. j.cruz@bcompany.com.ph)	
Contact Number:	

**III. Supporting Documents:**

1. Photocopy of Company ID
2. COE (Certificate of Employment)

By submitting this application form, I agree and consent that to the extent required by law, Insurance Commission may collect, use and process my personal information in accordance with the Data Privacy Act of 2012.

\_\_\_\_\_  
*Printed Name and Signature of  
 Company Representative*

**IV. Username:** \_\_\_\_\_ *(to be filled out by Authorized IC Personnel only)*

**V. Password:** \_\_\_\_\_ *(to be filled out by Authorized IC Personnel only)*

<p><b>Authorization:</b></p> <p>The above information has been authorized by _____  <span style="float: right;"><i>(Name of Company)</i></span>  <i>in relation to the transaction with the Insurance Commission (IC) on matters pertaining to the online submission of quarterly reports on adjustment cases.</i></p> <p align="center">_____  <i>Printed Name and Signature of Authorized Officer</i>  <i>Position: _____</i></p>
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*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.