

Republic of the Philippines  
Department of Labor and Employment  
**NATIONAL LABOR RELATIONS COMMISSION**  
Quezon City

**APPLICATION FOR ACCREDITATION<sup>1</sup>**

Date\_\_\_\_\_

**A.** Name of Insurance Company:\_\_\_\_\_

**B.** Principal Address:\_\_\_\_\_  
\_\_\_\_\_

**C.** Person authorized to accomplish and file this application:\_\_\_\_\_

*(Attach requisite Board Resolution)*

**D.** Is the Insurance Company able to transact business in the entire Philippines?

Yes

No

**E.** Have you been blacklisted prior to the filing of this application?

Yes

No

If yes, please state the court where blacklisted (or by the Insurance Commission), the reason, the date and period of blacklisting.

Court where blacklisted	Reason	Date blacklisted	Period of blacklisting
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use separate sheet if necessary)

**F.** Documents to be submitted and attached to this application:

\_\_\_\_\_ 1. Certified copy of a valid Certificate of Accreditation and Authority issued by the Office of the Court Administrator, Supreme Court;

\_\_\_\_\_ 2. Secretary Certificate showing the surety company's authorized signatories, their specimen signatures and three (3) black and white copies of their latest 2x2 photographs;

<sup>1</sup> To be filed in three (3) verified copies with the NLRC-Legal and Enforcement Division

\_\_\_\_\_3. Certified copy of Authority to Transact Surety business upon official recognizance, stipulations, bonds and undertakings issued by the Office of the Executive Secretary under the Office of the President;

\_\_\_\_\_4. Certified copy of current Certificate of Authority from the Insurance Commission; and

\_\_\_\_\_5. Certified copy of latest Statement of Assets and liabilities, and audited Financial Statements filed with Bureau of Internal Revenue.

For the authorized agents of the insurance companies, the following documents shall be submitted:

\_\_\_\_\_6. Joint Deed of Undertaking (*Form No. NLRC-02-2014*);

\_\_\_\_\_7. Board Resolution issued by the Surety Company granting authority to its agent/s and acknowledgement joint and solidary liabilities for all their actions and transaction with the court.

I declare that all answers given in this application form are true and correct.

\_\_\_\_\_  
Print name and signature

\_\_\_\_\_  
Position in the insurance company

T.I.N. No. \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_ day of \_\_\_, 20\_\_\_, with applicant exhibiting his/ her Community Tax Certificate as indicated herein:

Community Tax Certificate No. \_\_\_\_\_

Issued at \_\_\_\_\_

Date of issue \_\_\_\_\_

\_\_\_\_\_  
(Person administering oath)

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**(To be filled up by the NLRC-Legal and Enforcement Division)**

Documents submitted are complete: \_\_\_\_\_  
Application for accreditation cannot be processed, the following requirements are lacking: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief, Legal and Enforcement Division

\_\_\_\_\_  
Date