PRIZE INDEMNITY INSURANCE APPLICATION FORM

A. The Applicant's information

The Applicant			
Correspondent address			
Telephone		Fax No.	
Business license No.		Tax code	
Business field			

B. Insurance Coverage

Coverage	**Coverage**	**Grand Prize**	**Sum Insured**	
	☑ Hole in one			
Award information	Tournament Name			
	Event Location			
	Event date			
	Number of Participants			
	Hole-In-One		Length	Male: Female:
	Do players include professional?		☐ Yes	☐ No
	What is the golf rules applied		☐ USGA	☐ R&A
	Is the local rule of the course applied?		☐ Yes	☐ No
	Is the contest periodically held?		☐ Yes	☐ No
Underwriting information	Have the applicant organized a similar contest in recent 3 years?		☐ Yes	☐ No; if yes, please specify
	+ Is there any winner of proposed prized?		☐ Yes	☐ No, number:……..
	+ How much is the prize which has been awarded?			
Insurance period	From:	To:		

C. Mode of Payment

☐ Bank transfer ☐ Cash at the Company ☐ Cash via Agent or Sales staff

D. Language of the Policy

☐ English ☐ Vietnamese

E. Declaration

(1) We hereby declare that the statements made by us in the Application Form are complete and true to the best of our knowledge and belief, and we hereby agree that this Application Form shall form the basis and be part of any Policy of Policies issued in connection with the above risk or risks. The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.

(2) According to Item a Clause 2 Article 19 of Law on Insurance Business: *"An insurer shall have the right to suspend unilaterally the implementation of an insurance contract and to collect the insurance premium up until the time of suspension of implementation of the insurance contract, upon one of the following acts being committed by the purchases of insurance:*

a) Intentionally providing false information with the aim of entering into an insurance contract in order to be paid insurance proceeds indemnity;"

(3) The Insurance Policy is valid subject to the Insurer's agreement

_____ _____

Date (dd/mm/yyyy) Signature of the Insured & Company Stamp

For Phu Hung only:

Application type: ☐ Renew ☐ New Channel: Sellers' s name/ code: