

CONTRACTOR'S/ERECTION ALL RISKS INSURANCE APPLICATION

A. The Insured's information

The insured			
Contact address			
Telephone	Fax	Tax:	
Business field			

B. Coverage

Construction insured				
Location of construction			
Coverage	1. Physical Damage <input type="checkbox"/> 2. Third Party Liability <input type="checkbox"/> 3. Additional clauses <input type="checkbox"/>			
Sum insured (Currency: VNĐ)	1. Physical Damage			
	Description	Sum insured		
	1. The value of construction (all permanent or temporary works, in there includes the value of raw materials)			
	1.1. The value of contract			
	1.2. Raw materials or articles that investor provided			
	2. The building equipment			
	3. The building machinery (attach the list should be provided)			
	4. Cleaning costs			
	Total sum insured of Physical Damage section			
	Special risks insured		Limit of liability	
	1. Earthquake, volcano, Tsunami			
	2. Storm, whirlwind, flood, landslide			
	2. Third Party Liability			
	Description	Limit of liability		
	1. Bodily Injury			
1.1. Any one person				
1.2. In Aggregate				
2. Property Damage				
Total sum insured of Third Party Liability section				

C. Insurance period

From	To
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D. Detail information

(1) Name and address of investor (The Principle)	
(2) Name and address of main contractor	
(3) Name and address of subcontractor	

For Phu Hung only:

Application type: Renew New Channel:

Sellers's name/ code:

(4) Name and address of engineering consultant	
(5) State details of construction work (Please state details of technical parameter)	Size (length, height, depth, distance, number of floors): Type of foundation and level dig deepest Construction method: Craft combined with mechanical Construction materials:
(6) Does contractor have experience in construction or in construction method of this type of construction? <input type="checkbox"/> yes <input type="checkbox"/> no	
(7) Insurance period	Start work: _____ The finishing date: _____ Construction time: _____ Testing period: _____ Warranty period: _____
(8) Which works are conducted by subcontractors?	
(9) Specify the building or the property around can be influenced by the building work (dig land, bind pile, subsidence vibration, reduce the underground water level ...)	
(10) Is there requirement of insurance for special surcharge of working overtime, working evening, working at day off?	<input type="checkbox"/> yes <input type="checkbox"/> no Limit of liability: _____
(11) Is there requirement of insurance for the buildings and/or Architectural works, available above or lie close to the works, under the ownership, care, take care of the contractor or investor, for loss arising due to the direct or indirect consequences of the building works ?	<input type="checkbox"/> yes <input type="checkbox"/> no Describe exactly those buildings/ architectural works:

E. Other information

(1) Mode of Payment <input type="checkbox"/> Bank transfer <input type="checkbox"/> Cash at the Company <input type="checkbox"/> Cash via Agent or Sales staff
(2) Language of the Policy <input type="checkbox"/> Vietnamese <input type="checkbox"/> English

F. Declaration

<p>(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.</p> <p>(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;"</p> <p>(3) The Insurance Policy is valid subject to the Insurer's agreement</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date (dd/mm/yyyy)</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature of the Insured & Company Stamp</p>

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