

ELECTRONIC EQUIPMENT INSURANCE APPLICATION

A. The Insured's information

The insured			
Contact address			
Telephone	Fax	Tax Code	
Business field			

B. Coverage

Location insured			
Equipment insured Or as attached lists <input type="checkbox"/>		
Coverage	1. Material Damage	<input type="checkbox"/>	
	2. External Data Media	<input type="checkbox"/>	
	3. Increased Cost of Working	<input type="checkbox"/>	
	4. Additional clauses	<input type="checkbox"/>	
		
Sum insured	Coverage	Sum Insured	
	1. Material Damage		
	2. External Data Media		
	3. Increased Cost of Working		

C. Insurance period

From	To
------	----

D. Detail information

(1)	Data processing system:	If this system is leased, please state the rent amount of a month:		
	The date starts operation:	number of operation hours in one day:	Number of shift:	
	Name and address of manufacturer and/or lessor:			
	How does the condition of the lease contract define your liability if there are losses with EDP? Please provide a copy of the lease contract if any			
(2)	Location of EDP	Center block:	<input type="checkbox"/> Basement	<input type="checkbox"/> Downstairs
		Peripheral block :	<input type="checkbox"/> Basement	<input type="checkbox"/> Downstairs
	The total value of machinery put at:	<input type="checkbox"/> basement:	<input type="checkbox"/> downstairs:	Floor
	Does the installation comply with guidance of the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, state the deviation comparing with guidance:			
(3)	Air conditioner (ĐHND):	<input type="checkbox"/> has directions for use	<input type="checkbox"/> according to manufacturer	<input type="checkbox"/> only use for EDP
	Maintained by	<input type="checkbox"/> manufacturer	<input type="checkbox"/> other object	
	Precautions of loss	Does the insured interrupt by limit switches automatically when normal control means is broken?		
		<input type="checkbox"/> yes, in case of increase	<input type="checkbox"/> temperature	<input type="checkbox"/> humidity <input type="checkbox"/> no
		Is air conditioner laid the independent alarm equipment when has system incident		
		<input type="checkbox"/> yes	<input type="checkbox"/> by eyesight	<input type="checkbox"/> by hearing <input type="checkbox"/> reported
		<input type="checkbox"/> Appear gas causing erosion	<input type="checkbox"/> temperature increase	<input type="checkbox"/> humidity increase <input type="checkbox"/> no
		Is there method to prevent loss immediately when safe equipment above alarm outside working hours? <input type="checkbox"/> yes <input type="checkbox"/> no		

For Phu Hung only:

Application type: Renew New

Channel:

Sellers' s name/ code:

E. Other information

(1) Is there any other insurance covering the same property in force with Phu Hung or any other Insurance Company? If yes, please advice the total sum insured and names of the Insurance Companies (i) Name of Insurer: (ii) Sum Insured (USD/VND): (iii) Insurance Period:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Has any Insurer ever declined your insurance or required a proposal to be withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Has any Insurer ever cancelled or refused to renew your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Has any Insurer ever required an increase in premium rate or stipulated special conditions? (If so, state name of Insurer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Is there any loss in the recent 3 years? If yes, Please write the details. Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Mode of Payment <input type="checkbox"/> Bank transfer <input type="checkbox"/> Cash at the Company <input type="checkbox"/> Cash via Agent or Sales staff	
(7) 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>_____</p> <p>Date (dd/mm/yyyy)</p>	<p>_____</p> <p>Signature of the Insured & Company Stamp</p>

For Phu Hung only:

Application type: Renew New Channel:

Sellers’ s name/ code:

LIST OF EQUIPMENT INSURED

Item no.	Quantity	Description of Equipment/Systems			Value of equipment	Sum Insured
		Code no.	Type, Manufacturer, Serial no., etc	Year of Manufacture		
To be continued on separate specification				Total Sum Insured		

Date

APPLICANT

(Signature of the Insured & Company Stamp)

For Phu Hung only:

Application type: Renew New

Channel:

Sellers' s name/ code: