

EMPLOYER' LIABILITY INSURANCE APPLICATION FORM

A. The Applicant's information:

Applicant			
Contact address			
Telephone		Fax	
Business license No.		Tax code	
Business field			

B. Coverage

Sum Insured	Description	Limit of Indemnity
	1. Sum Insured for any one person	
	2. Sum Insured for any one accident	
	3. Limit of number of accident in aggregate	
	4. Limit of Indemnity In aggregate	
Deductible	
Other extensions	Describe the needs need to be insured:	

C. The general information of The Insured

Information of employees (or the details of employees should be provided)	1. Number of employees Average age of employees..... 2. The proportion of outdoor/ indoor employees..... Gender ratio 3. Average academic qualifications of employees..... 4. Staff skills and training are completed, staff quality <input type="checkbox"/> low <input type="checkbox"/> average <input type="checkbox"/> qualified 5. Office hours The average number of working hours		
Information of risk factors	1. Do you have Safety management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, please write details 2. Do you have safety training? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, please write details 3. Are your employees equipped for labor protection? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, please write details 4. Do you equip the fire-fighting and extinguishing equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, please write details 5. Geographical location of the company The floor which the company located The total number of floors of the building..... 6. Adjacent hazardous (dangerous proximity to the industry) <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, please write details 7. The construction classification of company building..... 8. Particular hazardous work (please specify if any)..... 9. The security management of company building <input type="checkbox"/> low <input type="checkbox"/> average <input type="checkbox"/> good 10.The quantity of production instrument <input type="checkbox"/> low <input type="checkbox"/> average <input type="checkbox"/> good 11.The complexity of machinery and equipment <input type="checkbox"/> low <input type="checkbox"/> average <input type="checkbox"/> complicated 12.Degree of risk or injury <input type="checkbox"/> low <input type="checkbox"/> average <input type="checkbox"/> high 13.The number of official vehicles		
Information of Loss history	Have you:	Please Tick	(If "yes" Full Details - e.g. name of insurer, dates)
	1. Had any claims made against you for Employers Liability? if yes, please detail	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Had any incident or accident occurred which would have been covered by the proposed insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Had any insurance declined or cancelled, rejected Special conditions or special excess imposed by an insurer	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Phu Hung only:

Application type: Renew New Channel:

Sellers's name/ code:

D. The period of insurance:

From	To
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E. Others information:

(1) Details of Expiring Insurance: Please provide the following information:		
a. Insurer.....		
b. Limit of indemnity		
Annual premium.....		
c. Special Terms and Conditions.....		
d. Expiry date:.....		
(2) Mode of payment		
<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Cash at the Company	<input type="checkbox"/> Cash via Agent or Sales staff
(3) Language of the Policy	<input type="checkbox"/> English	<input type="checkbox"/> Vietnamese

F. Commitment:

(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	
<p>_____</p> <p>Date (dd/mm/yyyy)</p>	<p>_____</p> <p>Signature & Stamp of the Applicant</p>

For Phu Hung only:

Application type: Renew New

Channel:

Sellers's name/ code: