

FIDELITY GUARANTEE INSURANCE APPLICATION FORM

A. The Insured's information

The Insured			
Contact address			
Telephone		Fax	
Business license No.		Tax code	
Business field			

B. Insurance coverage

Address of insured location					
People who insured	<input type="checkbox"/> Named staff policy; Please list by name or category under the heading Employees. Details as belows (or as the list attached):				
	No.	Name of staff insured	ID Card No.	The beginning of date work basing on employment contract	Position of work in being
	<input type="checkbox"/> Open policy A number of staffs who insured follow to this policy, including:				
	<input type="checkbox"/> Cashier person(s) <input type="checkbox"/> Staff managing money or payment means as money or transaction securitiesperson(s) <input type="checkbox"/> Staff related to work which handle electrical dataperson(s) <input type="checkbox"/> The operators, officials and senior.....person(s) <input type="checkbox"/> Other staffs don't respond for money or convertible vouchers. Ex: Typist, employee, worker, mechanic and similar jobs.....person(s)				
Sum insured	a. The Amount of Guarantee – any one Claim:..... b. The Aggregate Limit of Guarantee – All Claim:..... c. Deductible for each and any occurrence:.....				

C. The general information

	1. Turnover..... Net profit: 2. The function of the system of electric data processing: 3. The system can be linked to any external system or not? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name of the system linked: 4. What is the largest amount of cash held at the premises at any time?..... 5. How often are cash (money) or negotiable instruments handled, recorded and banked? <input type="checkbox"/> Day/ time(s), <input type="checkbox"/> week/ time(s), <input type="checkbox"/> month/..... time(s) 6. The insured's controlling and inspecting systems: 7. How often are Insured's employees required to render a statement of money received and to balance accounts for which they are responsible for? <input type="checkbox"/> Day/ time(s), <input type="checkbox"/> Week/ time(s), <input type="checkbox"/> Month/..... time(s) 8. How often are such statements and accounts checked against money received? <input type="checkbox"/> Day/ time(s), <input type="checkbox"/> Week/ time(s), <input type="checkbox"/> Month/..... time(s) 9. How often are the Cask Books balanced and reconciled with the Bank Pass Book Receipt Counterfoils and Vouchers? <input type="checkbox"/> Day/ time(s), <input type="checkbox"/> Week/ time(s), <input type="checkbox"/> Month/..... time(s) <input type="checkbox"/> Year/ttime(s) 10. How often are all books balanced and checked by <input type="checkbox"/> The Insured..... <input type="checkbox"/> Professional Auditors External 11. How often are Accounts and Reminders sent to customers directly (including Traveler's Stocks Holder) normally responsible for their collection? <input type="checkbox"/> Day/ time(s), <input type="checkbox"/> Week/..... time(s), <input type="checkbox"/> Month/..... time(s) <input type="checkbox"/> Year/time(s) 12. How often are Traveler's Stocks checked? <input type="checkbox"/> Day/ time(s), <input type="checkbox"/> Week/..... time(s), <input type="checkbox"/> Month/..... time(s) <input type="checkbox"/> Year/time(s) 13. How often are other Stocks checked? <input type="checkbox"/> Day/ time(s), <input type="checkbox"/> Week/ time(s), <input type="checkbox"/> Month/..... time(s) <input type="checkbox"/> Year/time(s) 14. How often are casual and usual inspections operated? <input type="checkbox"/> Day/ time(s), <input type="checkbox"/> Week/..... time(s), <input type="checkbox"/> Month/..... time(s) <input type="checkbox"/> Year/time(s) Note: Inspection referred to above must be carried out by a Manager or a senior Employee together with the person normally responsible:
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For Phu Hung only:

Application type: Renew New Channel:

Sellers' s name/ code:

15. Do any of the persons to be guaranteed sign cheques?
 No Yes, If so please specified:
 Single signature limit Dual signature limit The check exercised over them
 Please provide further information that you feel will assist with understanding security

D. The period of insurance

From _____ To _____

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 Yes No
 (i) Name of Insurer:
 (ii) Sum Insured (USD/VND):
 (iii) Insurance Period:

(2) Has any Insurer ever declined your insurance or required a proposal to be withdrawn? Yes No

(3) Has any Insurer ever cancelled or refused to renew your insurance? Yes No

(4) Has any Insurer ever required an increase in premium rate or stipulated special conditions? (if so, state name of Insurer) Yes No

(5) Does the insured(s) adjoin any other premises? If Yes, please state its nature of business? Yes No
 Detail:

(6) Is there any loss occurred in the past 5 years? If yes, please advice:						<input type="checkbox"/> Yes <input type="checkbox"/> No
No	The date of loss	Date of discovery	The description of loss	The amount of loss	The amount of claim payment	

(7) Details of Expiring Insurance: Please provide the following information:
 a. Insurer.....Expiry date:.....
 b. Limit of indemnity Any one occurrence (USD/VND).....
 The Aggregate Limit for All Claim (USD/VND).....
 Deductible (USD/VND).....
 c. Annual premium.....
 d. Special Terms and Conditions.....

(8) Mode of Payment Bank transfer Cash at the Company Cash via Agent or Sales staff

(9) Language of the Policy Vietnamese English

F. 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 & Company Stamp

 For Phu Hung only:

Application type: Renew New Channel: Sellers’ s name/ code: