

## FIRE INSURANCE APPLICATION FORM

### A. The Applicant's information

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

### B. Operating situation

Revenue/ Sale (for the latest 3 years)

No.:	Year	Location 1 (USD)	Location 2 (USD)	Location 3 (USD)	All Locations (USD)

Average inventory (for the latest 3 years)

No.:	Year	Raw material (USD)	Final product (USD)	Total (USD)

### Manufacturing process

Main manufacturing process

Finished product, Semi-finished product

### C. Insurance Coverage

Coverage	<input type="checkbox"/> Compulsory Fire and Explosion Insurance			
	<input type="checkbox"/> Compulsory Fire and Explosion Extend for Special Peril Insurance	<input type="checkbox"/> (A) Fire (including Fire, Lighting and Explosion)	<input type="checkbox"/> (B) Explosion	
	<input type="checkbox"/> Fire and Special Perils Insurance	<input type="checkbox"/> (C) Aircraft	<input type="checkbox"/> (D) Riot, Strikers, Locked-Out Workers	
	<input type="checkbox"/> Fire and Special Perils Insurance	<input type="checkbox"/> (D) Riot, Strikers, Locked-Out Workers and (E) Malicious damage	<input type="checkbox"/> (F) Earthquake or Volcanic Eruption	
		<input type="checkbox"/> (G) Storm and Tempest	<input type="checkbox"/> (H) Storm, Tempest and Flood	
		<input type="checkbox"/> (I) Escape of water from any tank, apparatus or pipes	<input type="checkbox"/> (J) Impact by any road vehicle or animal	
		<input checked="" type="checkbox"/> <b>All coverage mentioned as above</b>		
	<input type="checkbox"/> Property All Risks including Compulsory Fire and Explosion Insurance			
	<input type="checkbox"/> Property All Risks Insurance			
	<input type="checkbox"/> Business interruption insurance (BI)			
Sum insured	Currency	<input type="checkbox"/> USD		<input type="checkbox"/> VND
		Named insured	Property value	Sum Insured
		<input type="checkbox"/> Building		
		<input type="checkbox"/> Office Machinery & Equipment		
		<input type="checkbox"/> Manufacturing Machinery & Equipment		
		<input type="checkbox"/> Stocks		
		<input type="checkbox"/> Boilers & Pressure Vessels		
	<input type="checkbox"/> Others			

If coverage includes Business Interruption Insurance	Specification (Indemnity basis)	Insured Items	Sum Insured	
	<input type="checkbox"/> Gross Revenue	<input type="checkbox"/> Gross revenue		
		<input type="checkbox"/> Additional, increased cost of working		
		<input type="checkbox"/> Professional Accountants' Charges		
	<input type="checkbox"/> Gross Profit (Addition basis)	<input type="checkbox"/> Gross profit		
		<input type="checkbox"/> Professional Accountants' Charges		
	<input type="checkbox"/> Gross Profit (Difference basis)	<input type="checkbox"/> Gross profit		
<input type="checkbox"/> Professional Accountants' Charges				
<input type="checkbox"/> Additional, increased cost of working				
<b>Maximum Indemnity Period</b>				
<input type="checkbox"/> 6 months		<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months	<input type="checkbox"/> other:.....
<b>If specification is Gross Profit (addition basis), please list the Insured Standing Charges</b>				
<b>If specification is Gross Profit (difference basis), please list the Uninsured Working Expenses</b>				

**D. Insurance period**

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 advise 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 5 years? If yes, please advise: Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
<table border="1"> <thead> <tr> <th>Year</th> <th>Type of loss</th> <th>Location</th> <th>Premium USD</th> <th>Incurred Loss USD</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Type of loss	Location	Premium USD	Incurred Loss USD																										
Year	Type of loss	Location	Premium USD	Incurred Loss USD																											
(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"/> English <input type="checkbox"/> Vietnamese																															

**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 of the Insured & Company Stamp