

PRODUCT LIABILITY INSURANCE APPLICATION FORM

A. The Insured's information

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

B. Coverage

Address of insured			
Use of premises	<input type="checkbox"/> Office building <input type="checkbox"/> Hotel <input type="checkbox"/> Shop <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Apartment building <input type="checkbox"/> Commercial centre <input type="checkbox"/> Restaurant <input type="checkbox"/> Others.....	<input type="checkbox"/> Warehouse <input type="checkbox"/> Dwelling <input type="checkbox"/> Engineering
Geographical	<input type="checkbox"/> Vietnam <input type="checkbox"/> Foreign, name of country		
Sum Insured	1. Limit of Liability 2. Deductible for each and any one occurrence:		

C. The general information

The information about product	1. Product of manufacturer work(s) including: <input type="checkbox"/> Produce <input type="checkbox"/> Processing <input type="checkbox"/> Packing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Others									
	2. Please clearly write and details of all kinds of product(s)									
	Name of product	Time of product the market	Name of manufacturer	Description of product	Estimated the annual revenue					
	3. Specify products can cause: <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Toxic radioactive <input type="checkbox"/> Other sources of danger									
	4. Are there instructions for using product? <input type="checkbox"/> Yes <input type="checkbox"/> No a. By printing directly on container or product <input type="checkbox"/> Yes <input type="checkbox"/> No b. By leaflet, own guidelines document <input type="checkbox"/> Yes <input type="checkbox"/> No Description of container made <input type="checkbox"/> Plastic <input type="checkbox"/> Tin, aluminum <input type="checkbox"/> Carton <input type="checkbox"/> Glass <input type="checkbox"/> Nylon <input type="checkbox"/> Others.....									
	5. Product used as one component of other product? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please clearly write to names of other product Industry which using:									
	6. a.) Your product has transferred for other company (or other people) assemble: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please clearly write name of other company (or other people) assemble:..... b.) Inside of product has used the components that are produced at other place: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please clearly write place which product is produced									
	7. Are there product (s) or component(s) that are produced in oversea? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please to clearly write: Name of country produce..... The value of product Components:									
	8. Please provide the information of details about the network of distribution and provide product in oversea: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%; text-align: center;">Name of country</td> <td style="width: 33%; text-align: center;">The form of representative</td> <td style="width: 33%; text-align: center;">Estimated revenue</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>				Name of country	The form of representative	Estimated revenue			
Name of country	The form of representative	Estimated revenue								
	9. Are there any monitor and/or statistics on your goods and raw material supplier that serve for your using, business and process? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	10. Is there agreement or commitment compensation (or not be responsible) for person who provide raw material, subcontractor or the receiver processing for any injury or physical damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, propose to provide by writing									

For Phu Hung only:

Application type: Renew New Channel:

Sellers' s name/ code:

	<p>11. Is there any issuing the warranty or condition of purchasing which relating to any product of company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, propose to provide by writing</p> <p>Note: For all product related to this insurance requirement, it is necessary to attach this questionnaire with introduce table or instruction advertising, designated brand, warranty of condition of purchasing of that products</p>
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D. The period of insurance

From	To
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E. Others information

<p>(1) Has this Company been insured before? If yes, please to provide the following details: Name of Insurer: The period of insurance: The Amount of Guarantee:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>(2) Has this Company been refused by other insurance company? Has any former insurer: a. require an increase premium?. b. require special terms/ restrictions? c. Declined to insure you/ cancelled or refused to renew your insurance? d. If yes, please write more details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

(3) Los occurred in the past 5 years

No	The date of loss	Date of discovery	The description of loss	The amount of loss	The amount of claim payment

(4) Details of Expiring Insurance:
Please provide the following information:
a. Insurer.....
b. Limit of indemnity
- Any one occurrence (USD/VND).....
- In Aggregate (USD/VND).....
c. Annual premium.....
d. Deductible (USD/VND).....
e. Special Terms and Conditions.....
f. Expiry date:.....

(5) Mode of payment
 Bank transfer Cash at the Company Cash via Agent or Sales staff

(6) Language of the Policy Vietnamese English

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

Date (dd/mm/yyyy)

Signature & Stamp of the Applicant