

PROFESSIONAL INDEMNITY INSURANCE APPLICATION FORM

A. The Insured's information:

People who require insurance			
Contact address			
Telephone		Fax	
Business license No.		Tax code	
Business field			

B. Coverage

Insured location	Type of insurance	Coverage	
	<input type="checkbox"/> Architects & Engineers	<i>Design only</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Supervision only</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Design and supervision</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Lawyer, Notary	<i>Lawyer</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Notary</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Accountants/ Auditors	<i>Accountant</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Auditor</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Professional Indemnity and Public Liability	<i>Professional Indemnity</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>Public Liability</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total person to be insured (as the List of Insured attached)		
Geographical	<input type="checkbox"/> Vietnam <input type="checkbox"/> Foreign, name of country		
Sum Insured	1. Limit of Liability + Any one occurrence..... + In Aggregate..... 2. Deductible for each and any one occurrence:.....		

C. The general information of company Operation

General information	1. Firm established in 2. Has the name of the firm changed or any firm been purchased or any merger or consolidation taken place in the last five years? (If yes, please give full details) <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is the company a member of any professional associations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give full details)..... 4. Please list details of practising principles or partners <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 33%;">Full name</td> <td style="width: 33%;">Qualification</td> <td style="width: 33%;">Position Held</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> 5. Total number of non-technical and administration staff..... 6. Do you give work to independent firms (sub-contractors) and/or specialists? (If yes, please state kind of work and percentage of fees) <input type="checkbox"/> Yes <input type="checkbox"/> No	Full name	Qualification	Position Held			
Full name	Qualification	Position Held					
Company Activities	1. Please state all activities of your work? 2. In what kind of projects is your firm specialised? Please specify.						
General Questions Regarding The Project	1. Nature of your work (detailed description including techniques and hazardous factor) 2. Your responsibility.....						

For Phu Hung only:

Application type: Renew New Channel:

Sellers's name/ code:

	3. Start work Project period.....
	4. Testing period (If any)..... Warranty period (If any).....
Other extension	Describe the needs need to be insured:

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 Limit Liability:</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 increased premium? b. Require special terms/ restriction? c. Declined to insure you/ cancelled or refused to renew your insurance? If yes, please know 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												
<p>(3) Loss occurred in the past 5 years</p> <table border="1" style="width: 100%;"><thead><tr><th style="width: 5%;">No</th><th style="width: 20%;">The date of loss</th><th style="width: 15%;">Date of discovery</th><th style="width: 30%;">The description of loss</th><th style="width: 15%;">The amount of loss</th><th style="width: 15%;">The amount of claim payment</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		No	The date of loss	Date of discovery	The description of loss	The amount of loss	The amount of claim payment						
No	The date of loss	Date of discovery	The description of loss	The amount of loss	The amount of claim payment								
<p>(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:.....</p>													
<p>(5) Mode of payment <input type="checkbox"/> Bank transfer <input type="checkbox"/> Cash at the Company <input type="checkbox"/> Cash via Agent or Sales staff</p>													
<p>(6) Language of the Policy <input type="checkbox"/> English <input type="checkbox"/> Vietnamese</p>													

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
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For Phu Hung only:

Application type: Renew New

Channel:

Sellers’s name/ code:

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LIST OF THE INSURED

The insurance purchaser:

Address:

Type of insurance:

No.	Full name	ID/ Passport No.	Degree, date of receiving / professional experience	Position in the company /and has held this position for how long?	Remark

Total persons to be insured

CONFIRMED BY PAC

THE INSURANCE PURCHASER

For Phu Hung only:

Application type: Renew New

Channel:

Sellers's name/ code:

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