

# PUBLIC LIABILITY INSURANCE APPLICATION FORM

**A. The Insured's information:**

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

**B. Coverage**

Insured location			
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
Sum Insured	1. Limit of Liability ..... 2. Deductible for each and any one occurrence: .....		

**C. The general information of company Operation**

<b>General information:</b>	1. Describe situation of company, warehouse, machine, equipment: used ..... year(s) 2. Number of building/staff (s) at each location:..... 3. Equipment used: <input type="checkbox"/> Lift <input type="checkbox"/> Forklift <input type="checkbox"/> Elevator <input type="checkbox"/> Crane <input type="checkbox"/> Winch <input type="checkbox"/> Other machine If using elevator to propose to specified: ... (how many) elevator(s) used and .....(how many) elevator(s) insured ..... Lift of elevator: ..... person(s) 4. Building installed elevators ..... floor(s) (elevator must be standard safety is decision condition for receiving insurance) 5. A number of staff (s): staff(s) full - time:..... staff(s) part-time:..... 6. Estimated total salary fund annual (of all staffs and Board of Directors) 6.1. Salary of staff in office ..... 6.2. Salary of staff outside ..... 7. Total annual revenue 7.1. Estimated the next year ..... 7.2. Revenue of year present finance ..... 7.3. Revenue of the last year ..... 8. Does your company or does anyone on your behalf operate, manage or own any of the following: - First aid facility <input type="checkbox"/> Yes <input type="checkbox"/> No - Car parks <input type="checkbox"/> Yes <input type="checkbox"/> No - Unregistered vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No - Pressure Vessels <input type="checkbox"/> Yes <input type="checkbox"/> No - Railway e.g. particulars <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give particulars :.....
Cross-liability insurance	Explain situations might arise the need Cross- liability insurance: .....
Extension clause	Is there any car – park in building, warehouse? <input type="checkbox"/> Yes <input type="checkbox"/> No A number of parking: ..... The value of construction or item insured .....
Other extension	Describe the needs need to be insured: .....

**D. The period of insurance:**

From	To
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For Phu Hung only:

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

**E. Others information:**

(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: .....	<input type="checkbox"/> Yes <input type="checkbox"/> No												
(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:.....	<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) Loss occurred in the past 5 years <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 8%;">No</th> <th style="width: 18%;">The date of loss</th> <th style="width: 18%;">Date of discovery</th> <th style="width: 18%;">The description of loss</th> <th style="width: 18%;">The amount of loss</th> <th style="width: 18%;">The amount of claim payment</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </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								
(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 <input type="checkbox"/> Bank transfer <input type="checkbox"/> Cash at the Company <input type="checkbox"/> Cash via Agent or Sales staff													
(6) 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

  
  
  
  
  
  
  
  
  
  
  
  
  
  

_____ 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: