



**QUESTIONNAIRE AND PROPOSAL FOR  
ERECTION ALL RISKS INSURANCE**

<b>Intermediary:</b> <u>DAO THANH HAI</u> Account No: <u>00156188</u>
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Please write or tick  where applicable.

<b>I. The Proposer</b>
Registered Business Name: _____
Mailing address: _____ _____
Telephone: _____ Fax: _____
Email: _____
Nature of Business (Please provide full description): _____ _____ _____
Tax Number _____
Business Registration No.: _____ Number of Years in Business: _____

<b>II. The Project</b>	
1.	Title of Contract (if project consists of several sections, specify section(s) to be insured): _____ _____ _____
2.	Location of Site (Country/Province/District/City/Town/Village): _____ _____ _____
3.	Name and Address of Principal: _____ _____ _____
4.	Name(s) and Address(es) of Contractor(s): _____ _____ _____

**Head Office:** Vincom Office Building, 18<sup>th</sup> Floor  
45A Ly Tu Trong Street, District 1  
Ho Chi Minh City, Vietnam  
Tel: (84-28) 38 125 125  
Fax: (84-28) 38 125 018

**Hanoi Branch Office:** Lotte Center Building, East Tower, 10<sup>th</sup> Floor  
54 Lieu Giai, Ba Dinh District  
Hanoi, Vietnam  
Tel: (84-24) 37 557 111  
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5.	Name(s) and Address(es) of Sub-Contractor(s): _____ _____ _____
6.	Name(s) and Address(es) of Manufacturer(s) of main items: _____ _____ _____
7.	Name(s) and address(es) of Firm(s) supervising erection: _____ _____ _____
8.	Name(s) and Address(es) of Consulting Engineer: _____ _____ _____
9.	Please indicate which of the parties from (3) to (8) above are to be declared as Insured in the Policy. _____ _____
10.	<p>Exact description of the property to be erected (if second-hand items are to be erected, please state). _____ _____</p> <p>In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, year of construction of major units: _____ _____ _____</p> <p>In case of complete factories: general drawing of plant, nature of civil engineering work (if any): _____ _____ _____</p>
11.	<p>Period of Insurance:</p> <p>Commencement of insurance</p> <p>Duration of pre-storage: _____ months prior to beginning of erection work</p> <p>Commencement of erection work: _____ months</p> <p>Duration of erection/construction: _____ months</p> <p>Duration of testing: _____ weeks</p> <p><b>If maintenance coverage required:</b></p> <p>Duration of maintenance: _____ months</p> <p>Type of coverage required: _____</p>

	Termination of insurance _____
12.	<p>Have plans, designs and materials of the kind used in this?</p> <p>(i) previous constructions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) previous construction by the contractor(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details of similar projects carried out by contractor(s): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
13.	<p>Is this an extension of existing plant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, will operation of existing plant continue during erection period? Enclose plans. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
14.	Have the buildings and civil engineering works already been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Work to be carried out by subcontractors: _____
	Please also give answers to No.16 to 21 as far as information obtainable.
16.	<p>Is there any aggravated risks of:</p> <p>(i) Fire <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) Explosion <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, give details: _____</p> <p>_____</p>
17.	Ground-water level _____
18.	<p>Nearest river, lake, sea, etc?</p> <p>(i) Name: _____</p> <p>(ii) Distance from site: _____</p> <p>Level of such river, lake, sea, etc?</p> <p>(i) Levels: ___ Low water: _____ Mean water: _____ Highest level recorded: _____</p> <p>(ii) Mean level of site: _____</p>

19.	<p>Meteorological Conditions?</p> <p>(i) Rainy season: From: _____ To: _____</p> <p>(ii) Max. rainfall (mm): Per hour: _____ Per day: _____ Per month: _____</p> <p>(iii) Max. wind velocity: _____ Storm frequency: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>
20.	<p>Hazards of earthquake, volcanism, tsunami?</p> <p>(i) Is there a history of volcanism, tsunami at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) Have earthquakes, etc been observed in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please state intensity _____ magnitude: _____</p> <p>(iii) Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Subsoil conditions?</p> <p><input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled site <input type="checkbox"/> Other, please specify</p> <p>_____</p> <p>Do geological faults exist in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
21.	<p>Estimate, if possible the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence?</p> <p>(i) Due to earthquake: _____</p> <p>(ii) Due to fire: _____</p> <p>(iii) Due to other cause (please specify): _____</p> <p>_____</p>
22.	<p>Is coverage of construction/erection equipment (scaffolding, huts, tools, etc) required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please give brief description and state new replacement value under No. 28.3: _____</p> <p>_____</p> <p>_____</p>
23.	<p>Is coverage of construction/erection machinery (excavators, cranes, etc) required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please attach list of major machines showing individual new replacement values and state total value.</p>
24.	<p>Are existing buildings and/or structures on or adjacent to the site owned by or held in care, custody or control of the Contractor(s) or the Principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No 28.5.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, give exact description of these buildings/structures: _____</p> <p>_____</p> <p>_____</p>
25.	<p>Is Third Party Liability to be included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal</p>

	or contractor(s) (enclose maps, if possible). State limits under No. 28, Section II: _____	
	_____	
	_____	
	_____	
	_____	
26.	Do you wish the cover to include extra charges (in case of loss) for:	
	(i) Express freight, overtime, night work, work on public holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(ii) Air freight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Give details of any special extension of cover required?	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
28.	Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy wording, Section I, Memo 1 and Section II).	
	<b>Section I: Material Damage</b>	
	<b>Items to be insured</b>	<b>Sums to be insured</b> (state below separately)
1.	Erection works, split up as follows:	
1.1	Items to be erected	
1.2	Freight	
1.3	Customs duties and dues	
1.4	Cost of erection	
2.	Civil engineering works	
3.	Construction/erection equipment	
4.	Clearance of debris (limit of indemnity)	
5.	Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)	
	<b>Total Sum to be insured under Section I</b>	



	Please indicate limits of indemnity required for the following perils:	
	<b>Risks</b>	<b>Limit of Indemnity<sup>1</sup></b>
	(a) Earthquake, volcanism, tsunami	
	(b) Storm, cyclone, flood, inundation, landslide	
<b>Section II: Third Party Liability</b>		
	<b>Insured Items</b>	<b>Limit of Indemnity<sup>2</sup></b>
1.	Bodily injury – any one person	
2.	Bodily injury – total	
3.	Property Damage	
4.	Or alternatively combined single limit of	

### III. Claim Experience

Please give full particulars of losses during the last 5 years (both material damage and third party liability):

**Date of Loss**

**Nature of Loss**

**Amount of loss (USD/VND)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### IV. Insurance History

Has any insurance company ever:

(a) Declined your proposal?

Yes  No

**If Yes, give details:** \_\_\_\_\_

(b) Refused to renew your policy?

Yes  No

**If Yes, give details:** \_\_\_\_\_

(c) Cancelled your policy?

Yes  No

**If Yes, give details:** \_\_\_\_\_

(d) Required an increase premium or imposed special conditions?

Yes  No

**If Yes, give details:** \_\_\_\_\_

<sup>1</sup> Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages arising out of any one event.

<sup>2</sup> Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.



**V. Details of Expiring Insurance (for Annual Policy)**

Please provide the following information:

- (a) Insurer: \_\_\_\_\_
- (b) Estimated Total Contract Value (USD/VND): \_\_\_\_\_
- (c) Annual Premium (USD/VND): \_\_\_\_\_
- (d) Deductible: \_\_\_\_\_
- (e) Special Terms and Conditions: \_\_\_\_\_
- (f) Expiry Date: \_\_\_\_\_

**VI. Mode of Payment**

- Bank transfer                                       Cash at the Company
- Cash via Agent or Sales staff

**VII. Language of the Policy**

- English     Vietnamese

**Declaration**

1/ WE/I DO HEREBY REPRESENT AND WARRANT that the answers/information given above in every respect are true, complete and correct. We/I agree that the answers/information provided above shall be the basis of the Insurance Policy between the Company and ourselves/myself. We/I have received, read, understand and agree to the Company’s applicable ERECTION ALL RISKS INSURANCE policy wording, including but not limitation to, coverage terms, exclusions and conditions expressed therein. We/I hereby agree that the Company can (i) send information on its products and services as well as other customer services’ information, to our phone numbers and/or email/mail addresses and (ii) provide all information relating to any third party vendors that provide data processing, back-up and/or storage services to the Company.

2/ SANCTION LIMITATION EXCLUSION: “Liberty shall not provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United State of America”

\_\_\_\_\_ Date

\_\_\_\_\_ (Name and signature of proposer and company chop)

***The liability of the Company does not commence until this Proposal has been accepted by the Company.***