



**QUESTIONNAIRE AND PROPOSAL FOR  
CONTRACTORS' ALL RISKS INSURANCE**

<b>Intermediary:</b> <u>DAO THANH HAI</u>	<b>Account No.:</b> <u>00156188</u>
<b>Tel No.:</b> <u>0931 497 627</u>	<b>Fax No.:</b> _____
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Please write or tick  where applicable.

**I. The Proposer**

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: \_\_\_\_\_

**II. The Project**

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) <sup>1</sup> : _____

<sup>1</sup> If necessary on a separate sheet

**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  
Fax: (84-24) 37 557 066

	_____
5.	Name(s) and Address(es) of Sub-Contractor(s) <sup>2</sup> : _____ _____
6.	Name(s) and Address(es) of Consulting Engineer: _____ _____
7.	Description of Contract Work <sup>3</sup> (please give detailed technical information): (i) Dimensions (length, height, depth, spans, number of floors): _____ _____ (ii) Foundation (method, level of deepest excavation): _____ _____ (iii) Construction methods: _____ _____ (iv) Construction materials: _____ _____
8.	Is the Contractor experienced in this type of work or construction methods? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
9.	Period of Insurance: Commencement of work: _____ Duration of construction: _____ months Date of completion: _____ Maintenance period: _____ months
10.	What will be done by Sub-Contractors? _____ _____ _____

<sup>2</sup> If necessary on a separate sheet

<sup>3</sup> For harbours, piers, docks tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zone also see special questionnaires

11.	<p>Is there any aggravated risks of:</p> <p>(i) Fire/Explosion <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) Flood/Inundation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(iii) Landslide/Storm/ Cyclone <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(iv) Blasting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(v) Other risks, please specify: _____</p> <p>_____</p> <p>(vi) Volcanism/Tsunami <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(vii) Have earthquakes been observed in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes</b>, please state intensity: _____</p> <p>_____</p> <p>(viii) 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>(ix) Is the design standard higher than that stipulated in the relevant regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>Subsoil conditions?</p> <p><input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand</p> <p><input type="checkbox"/> Clay <input type="checkbox"/> Filled ground <input type="checkbox"/> Other, please specify</p> <p>_____</p> <p>_____</p> <p>Other subsoil conditions: _____</p> <p>Do geological faults exist in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
13.	<p>Ground-water level?</p> <p>Level below grade _____ m _____ ft</p>
14.	<p>Nearest river, lake, sea, etc?</p> <p>(i) Name: _____</p> <p>(ii) Distance: _____</p> <p>(iii) Levels: Low water: _____ Mean water: _____</p> <p>(iv) Highest level recorded: _____ Date _____</p>
15.	<p>Meteorological Conditions?</p> <p>(i) Rainy season: From: _____ To: _____</p> <p>(ii) Max. rainfall (mm): Per hour: _____</p>



	Per day: _____ Per month: _____ (iii) Storm hazard: <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> High
16.	Are extra charges for overtime, nightwork, work on public holidays to be included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Limit of Indemnity: _____
17.	Is Third Party Liability to be included? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Contractor concluded a separate policy for TPL? <input type="checkbox"/> Yes <input type="checkbox"/> No Limit of Indemnity: _____
18.	Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating underpinning, pilling, vibration, groundwater lowering, etc. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
19.	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? <input type="checkbox"/> Yes <input type="checkbox"/> No Limit of Indemnity: _____ Exact description of these buildings/structures: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____


20. Please state hereunder the amounts you wish to insure and the limit of indemnity required (see Policy wording, Section I, Memo 1 and Section II).

<b>Section I: Material Damage</b>		
	Items to be insured	Sums to be insured (Currency.....)
1.	Contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1	Contract price	
1.2	Materials or items supplied by the Principal(s)	
2.	Construction plant and equipment	
3.	Construction machinery (please attach list showing replacement values of new items)	
4.	Clearance of debris (insured only up to the amount indicated)	
	<b>Total Sum to be Insured under Section I</b>	
	<b>Special Risks to be insured</b>	<b>Limit of Indemnity<sup>4</sup></b>
	(a) Earthquake, volcanism, tsunami	
	(b) Storm, cyclone, flood, inundation, landslide	
<b>Section II: Third Party Liability</b>		
	Items to be Insured	Limit of Indemnity <sup>5</sup>
1.	Bodily injury	
1.1	Any one person	
1.2	Total	
2.	Property Damage	
	<b>Total Limit to be applied under Section II</b>	

**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)

<sup>4</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>5</sup> Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.



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#### 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:** \_\_\_\_\_

#### 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 CONTRACTORS' 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.*