



## PROPOSAL FORM CARRIER LIABILITY INSURANCE

We/I do hereby declare and warrant that the information given below in every respect is true and correct. We/I have not withheld any information likely to affect the acceptance of this proposal and we/I agree that this Proposal Form shall be attached and formed an integral part of the insurance policy/contract between the BIDV INSURANCE CORPORATION (BIC) and ourselves/myself. We/I understand that the violation of the declaration obligation will make the insurance contract invalid and the insurance will not be in force until the proposal has been accepted in writing by BIC.

### A. PARTICULARS OF INSURED

#### 1. Company Name, Legal Address, Tax Code, Date of Establishment...

Company Name:	_____		
Legal Address:	_____		
Date of Establishment:	_____	Business License No.:	_____
Tel/Website:	_____	Contact person:	_____
Business activities:	_____		

#### 2. Subsidiary companies to be named in the insurance and their business activities

\_\_\_\_\_

### B. INFORMATION OF EMPLOYEES, TRANSPORTATION AND WAREHOUSING EQUIPMENT

#### 1. Names and qualifications/years experience of Directors and Senior managers

Name of Director	_____	Years experience	_____
Name of senior manager	_____	Years experience	_____
Name of senior manager	_____	Years experience	_____

#### 2. Number of Employees

Clerical employees :	_____	Manual employees:	_____
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#### 3. Ownership and Number of Vehicles

10-wheel Truck:	_____	unit (s) Trailer and tractor heads:	_____	unit (s)
6-wheel Truck:	_____	unit (s) Truck crane	_____	unit (s)
Others (please specify):	_____			

#### 4. Description of conducting the Loading/unloading works

Self-implementation	_____	Renting Sub-contractor:	_____
Summary of loading and unloading experience	_____		
Description of loading and unloading vehicles	_____		

#### 5. Information of the warehouses (If there are more than 1 location, please specify all locations)

##### LOCATION 01

Owned warehouse	_____	Rented warehouse	_____
24 hours security guard	_____	Restricted entry/exit:	_____
Sprinkler System	_____	Fire Hose Reel/ Fire Pump:	_____
Fire Alarm	_____	Smoke Detector:	_____
Portable Extinguisher	_____	Heat Detector:	_____
Impact by flood or heavy rain	_____	Age of bulding:	_____
Maximum amount of cargo stored	_____		VND

##### LOCATION 02

Owned warehouse	_____	Rented warehouse	_____
24 hours security guard	_____	Restricted entry/exit:	_____
Sprinkler System	_____	Fire Hose Reel/ Fire Pump:	_____
Fire Alarm	_____	Smoke Detector:	_____
Portable Extinguisher	_____	Heat Detector:	_____
Impact by flood or heavy rain	_____	Age of bulding:	_____
Maximum amount of cargo stored	_____		VND

**6. List of sub-contractors**

(Name of sub-contractor, scope of works, does your sub-contractor has similar insurance for their liability)

Sub-contractor 01 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sub-contractor 02 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. INFORMATION OF THE CARRYING CARGO**

1. What percentage of your annual turnover is represented by the following cargo in the previous year:

Temperature Control Cargo	_____	Dangerous Cargo:	_____
Machinery, electronics	_____	Project Cargo:	_____
Agricultural Cargo	_____	Steel Cargo:	_____
Perishables	_____	Other Cargo:	_____
Description other cargo:	_____		
Basic of cargo valuation:	_____		

**D. LOSS HISTORY (LIST LOSSES IN THE LAST 3 YEARS)**

Date of Loss	Damaged Cargo	Loss Amount	Cause of Loss

**E. COVERAGE REQUIRED**

1. Turnover of the previous year:	_____	VND
2. Estimated turnover for the insurance year:	_____	VND
3. Limit of liability for cargo during the period of insurance	_____	VND
4. Limit of liability for any one occurrence:	_____	VND/occurrence
5. Limit of liability for the third party (if required)	_____	VND/occurrence

**G. ATTACHED DOCUMENTS**

- Contrat of carriage Form
- Contract Form with Sub-contractor
- Business License
- Business Terms

Date: \_\_\_\_\_

Proposer's Name and Signature