

Commercial General Liability Insurance Application

商业综合责任保险投保申请书

Note to Applicant 投保须知

Application means this signed application form, the statements, warranties, and representations herein and all attached supplementary information and materials.

“投保申请书”指为申请本保险而向保险公司提交的经签署的投保书（包括其中的陈述、保证及声明）及其随附的所有补充信息和资料。

Applicant Information 投保单位基本信息			
Name of Applicant 投保单位:			
License number 营业执照编号:		Organization Code 组织机构代码:	
(Remark: If policy premium over RMB200,000 or US\$20,000, please provide copy of operation license) (说明: 如保险费超过 RMB200,000 或 US\$20,000, 请提供营业执照复印件)			
Business Address 办公地址:		Postcode 邮政编码:	
Contact Person 联络人:		Contact Tel. No 联系电话:	
Fax No 传真号码:		Email Address 电子邮件:	

Risk Information 投保资料

APPLICANT'S INFORMATION (Please attach your profile/annual report)

投保人信息 (请附公司简介和年度报告)

1. Your Name and Address 贵司的名称和地址

2. Your Company Website (if any) 贵司的公司网站 (如有)

3. Business Nature 业务性质:

Manufacturer 制造商 Distributor 经销商 Trading Company 贸易公司 Other 其他

4. Form of Business 企业类型

Individual 个体 Partnership/Joint Venture 合伙企业或合营企业
 Limited Liability 有限责任公司 Company Organization Other than Above 除上述以外的其它机构

5. Does Applicant have a branch, subsidiary or representative in the USA? Yes 是 No 否
 贵司在美国是否设有分公司、子公司或代表处?

If yes, Please give name(s) and address(es) 如是, 请提供名称和地址

6. How long have you been in business? Please also provide the producer's profile if you're not producer.

贵司从事本行业的时间? 若被保险产品并非由贵司生产, 请提供生产商的公司简介

7. Have you acquired any new entities within the last 5 years? Yes是 No否
 贵司在过去五年中是否收购过任何新的实体?

If yes, Please give name(s) and address(es) 如是, 请提供名称和地址

8. Do you have a legal department? Yes是 No否
 贵司是否设有法务部?

9. Do you have a clear procedure for handling liability claims? Yes是 No否
 贵司是否设有清晰明确的责任索赔处理程序?

APPLICANT'S PREMISES 投保人营业场所

1. The details of the your premises in Singapore 贵司在新加坡的营业场所明细:

Company Name 公司名称	Location 场所地址	Main Activities 主营业务	Owned or Leased 自有或租赁	Sum of Floors & Areas 使用楼层数及总面积	Annual turnover 年营业额 (请标明币种)	Number of employee 员工人数

2. The details of your worldwide subsidiaries 请提供贵司国外分支机构的详细情况:

Company Name 公司名称	Located Country 所在国家	Occupation 营业性质			Owned or Leased 自有或租赁	Annual turnover 年营业额 (请标明币种)	Number of employee 员工人数	Main products 主要产品
		Factory with production line 有生产线	Factory without production line 无生产线	Office 办公室				

3. Do you provide parking facilities within the premises? If Yes, please provide details: 贵司在投保场所内是否提供停车设施? 如是, 请说明停车车位数量

Yes是 Units(数量):

No否

4. Do you use any security management to the Third Party who enters the applicant's premises? If Yes, please provide details: 贵司是否针对进入投保场所的来访人员采取任何安全管制措施? 如是, 请详细

说明

- Yes 是
 No 否

5. How often the Third Party, like business visitors, maintenance people enter the insured's premises frequently? 第三方来访洽谈公务, 以及维修人员进入投保营业场所的频率?

6. Please provide description of fire protection available: 请详述投保场所的消防措施:
 Full Sprinklered 全喷淋装置 Partially Sprinklered 部分喷淋装置
 Fire/Smoke Alarm 烟雾报警装置 Other 其它

7. Do you store or use dangerous and hazards goods in the insured premises? If Yes, please provide details: 贵司是否在投保场所存放或使用危险物质? 如是, 请说明
 Yes 是
 No 否

8. Do you need to work away on third party premises or outside the insured's premises? If Yes, please describe work to be done: 贵司是否会至投保场所以外或客户场所工作? 如是, 请详述所需做的工作
 Yes 是
 No 否

9. Do you trade processes produce toxic waste or other pollutants which have the potential to cause injury or damage to property or to otherwise harm the environment? If Yes, please supply type of fuels, how stored, capacity and if bounded (include capacity of bunt). 贵司经营业务过程是否会产生有毒物质或造成环境污染? 如是, 请说明使用的燃料种类, 储存方式、数量以及是否封存
 Yes 是
 No 否

10. During the last five years, have you been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? If Yes, please provide details: 最近五年贵司是否曾因违反环境保护的法律或标准, 而被追究法律责任或被传唤出庭? 如是, 请详细说明:
 Yes 是
 No 否

SALES TURNOVER IN USD (Please attach Product Catalogues, Pictures or Samples) 销售金额(美元)(请附产品目录、图片或样品)

1. What are your total estimated sales for ALL of your products in the upcoming year? 请预计贵司未来年度包含投保产品在内的全部产品的销售总金额 _____
2. Please list sales to be covered under this application 请列出贵司投保产品的销售金额
- 1) Sales to USA and Canada 销往美国和加拿大

Products Covered 投保产品名称	Next Year Est 下一年度估计	2018	2017	2016	2015	2014

2) Sales to UK and Australia 销往英国和澳大利亚

Products Covered 投保产品名称	Next Year Est 下一年度估计	2018	2017	2016	2015	2014

3) Export sales to rest of world 出口至世界其他地区

Products Covered 投保产品名称	Next Year Est 下一年度估计	2018	2017	2016	2015	2014

Please indicate the percentage of sales to Europe (excluding UK) in rest of world export sales
 请提供在世界其他地区出口销量中欧洲（不含英国）所占比例: _____

4) Sales to Singapore 销往新加坡

Products Covered 投保产品名称	Next Year Est 下一年度估计	2018	2017	2016	2015	2014

3. Product Coding 投保产品如何与未投保产品区分?

Is there any traceability system including batch coding being utilized? 是否使用可追查货品的代码系统? Yes是 No否

If yes, please give details. 若是, 请详细说明:

- Batch Code 产品批号
- Specific Model 具体型号
- Specific Brand 具体品牌
- Designated Vendor 指定经销商
- Other 其他情况

NON - OWN LABEL 非自有品牌

1. If your Products are sold under someone else's label (as OEM product), please list the brand names and the methods to distinguish your products from other supplier's?
 若贵司用他人品牌或商标销售投保产品（贴牌产品），请告知品牌名称，以及如何与其他供应商的产品进行区分。

2. Are such OEM products made to 上述贴牌产品的制造是根据
your design specifications 贵司的设计要求 those of the buyer? 买方的设计要求?

VENDOR'S LIABILITY (Please attach Insurance Request/Hold Harmless Agreement) 销售商责任（请附保险要求/赔偿协议）

1. Did you enter into any hold harmless agreements with your vendors or any trading counterparts?
 Please provide copy of the agreements if yes. 贵司是否与销售商或任何业务相关方签订任何“赔偿协议”？若是, 请提供协议副本。 Yes是 No否

2. Do you require "Vendors Liability" Endorsement? 贵司是否需要销售商责任批单?

Yes是 No否

If Yes, please list vendors, addresses, their contact person, title and email address, and attach a copy of their agreement. 若是, 请列出贵司的销售商名称、地址、联系人及其职位和电子邮件, 并附上前述销售商的书面请求。

DISPOSITION OF CLAIMS AGAINST THIRD PARTIES (other than above-mentioned Vendor) 第三方 (不包括上述销售商) 赔偿请求权的处分

Did you waive, release, or discharge any or all claims against any third parties for damages in respect of any your premises, product or other business activities? Please provide details if yes 对于任何投保场所、投保产品或其它业务活动, 贵司是否曾全部或部分放弃或免除对任何第三方所享有的赔偿请求权? 若是, 请提供详细情况 Yes是 No否

PRODUCT QUALITY AND SPECIAL USE (Please attach copy of Quality Certificate, Lab. Testing Reports, User Manual and Warning Labels) 产品质量与特殊用途 (请附质量证书、产品检验报告复印件, 用户手册及产品警示标签)

1. Are your products sold for use on or with: 贵司的产品及相关的服务是否会用于

- Aircrafts/missile/aerospace 飞机/飞弹/太空方面 Watercraft/offshore 水上交通工具/离岸设施
 Automobiles/Transportation 汽车/内陆交通工具

If yes, please give details, including the percentage of all sales 如果是, 请详细说明, 包括上述应用范围的产品占总销售额的比例

2. A. Is there a written Quality Control procedure in effect? 贵司是否有书面的质量控制措施并在执行吗? Yes是 No否

B. Does Applicant have a written product recall plan? 贵司是否有书面产品回收计划?

Yes是 No否

C. How many years do you keep records of your products? 贵司的产品记录保存几年?

D. Is each product subject to and do they conform with applicable safety standard? 贵司的每一件产品是否都遵循相应的产品安全标准并且已经达到标准? Yes是 No否

If so, please list the standards your products subject to (Examples - CPSC, ASTM, CSA, CE, UL, DOT, etc.) 若是, 请列出贵司的产品应遵循的标准 (例如: CPSC、ASTM、CSA、CE、UL、DOT等)

Does an independent laboratory test your products? 是否有独立的实验室为贵司的产品进行测试?

Yes是 No否

If yes, what is the name of the lab and what test is being performed? 若是, 请说明会进行哪些测试及实验室的名称 (请附检验报告)

LOSS EXPERIENCE (Please attach copy of Loss Records in past 5 years) 损失记录 (请附过去 5 年的损失记录副本)

1. Has any claim loss been made against you within the past five years? 在近五年内, 是否有人向贵司提出索赔? Yes是 No否

If yes, please provide details. 如是, 请提供细节

2. Are you aware of any Insured Product which, because of known defects or inherent hazards, is likely to cause bodily injuries or property damage? If yes, please give details. 贵司是否已察觉有任何产品会因已知的缺陷或内在固有危险可能造成他人身体伤害或财产损失? Yes是 No否

If yes, please provide details. 如是, 请提供细节

3. What are the typical product failures, returns or customer complaints? 有哪些常见及/或典型的产品故障、退货或客户的投诉?

4. Is there any product that has been discontinued for known defects or inherent hazards or recalled in the last 5 years: 在过去5年中贵司是否有因已知缺陷或内在固有危险而停止生产或召回的产品? Yes是 No否

If Yes, please list the product and give reasons 如是, 请列明上述停止生产或召回的产品及原因

5. Has anyone ever requested for payment of damages for medical expenses, bodily injury or property damage caused by your products, whether insured or uninsured? 是否有任何人曾因贵司的产品(无论是否为拟投保产品)造成的医疗费、身体伤害或财产损失而提出赔偿请求? Yes是 No否

If Yes, please provide total incurred losses in past 5 years: 若是, 请提供过去5年遭受索赔的损失记录

Date 日期	USA/Canada 美加地区	Non USA/Canada 非美/加地区

Describe All Losses over US\$5,000.(Paid or reserved)
 请列明所有超过5,000美元的损失 (不论是否已经赔付)

Please note: if any of the above answers are "yes", we may require more information about the nature of the previous incidents. You may attach full details or otherwise this insurer will contact you.

注: 若以上任一答案为"是", 保险公司可能要求进一步提供先前事故的有关详细资料, 请附在本投保申请书后, 或直接与保险公司联系。

INSURANCE REQUIREMENTS (Please attach copy of current policy schedule)
保险要求 (请提供现行有效的保险单的复印件)

1. Insurance requirements 保险要求:

Policy period desired: 希望的保 险期间: From 自	To 起至	Policy Form: 保单形式 Occurrence 事故发生制 <input type="checkbox"/>
Limit of Liability desired: 要求的赔 偿限额:	Per occurrence 每次事故:	Claims Made 索赔提出制 <input type="checkbox"/>
	in aggregate 年度累计:	Deductible desired 希 望的免赔额:

2. Prior insurance 过往保险安排:

Have you covered by Commercial General Liability Insurance before? 贵司以前是否投保过商业综合责任保险?
 Yes 是 No 否

Has any carrier canceled or refused to renew Commercial General Liability coverage? 是否有保险公司解除或不予续保贵司的商业综合责任保险?
 Yes 是 No 否

If Yes, furnish details 如是, 请详细说明:

3. Current insurance 目前保险安排:

If you are covered by Commercial General Liability Insurance, who is your current carrier? 如果贵司已投保有商业综合责任保险, 目前承保的保险公司是哪家?

Current Policy period: 目前的保 险期间: From 自	To 起至	Policy Form: 保单形式 Occurrence 事故发生制 <input type="checkbox"/>
Limit of Liability: 赔偿限额:	Per occurrence 每次事故:	Claims Made 索赔提出制 <input type="checkbox"/>
	in aggregate 年度累计:	Deductible 免赔额:

4. Person to contact for inspection, if necessary: 若需实地勘察, 可联系:

Title 职位: Telephone 电话: Fax 传真:

APPLICANT'S DECLARATION 投保人声明

We hereby declare that this Application has been completed after full enquiry and that the statements and particulars herein are true and that no material facts have been misstated or omitted.

本公司/单位兹声明，本投保申请书系经本公司/单位充分调查后填写完成，其中所载各项陈述及细节属真实无讹，且未错误陈述或隐瞒重要事实。

We agree that if the information supplied in this Application changes between the date of this Application and the effective date of the insurance, we will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

本公司/单位同意，若本投保申请书中所载的信息在投保申请书签署之日起至保险生效日的期间内发生变化，则为了确保相关信息于保险生效日的准确性，本公司/单位应立即将前述信息变化通知保险人，而保险人有权因此撤销或修改约束双方订立保险合同的相关报价、约定或许可。

We agree that this Application shall be the basis of the contract, should a policy be issued, and it will be attached to and become part of the policy.

本公司/单位同意，本投保申请书为订立保险合同的基础，并作为附件构成保险合同的一部分；

We agree that quotation, policy wording, schedule, any endorsement attached hereto or marked thereon and any other written agreement shall form integrated parts of a policy, should the policy be issued.

本公司/单位同意，报价单、保险条款、保险单、批单或批注及其它约定书均为保险合同的构成部分。

IMPORTANT NOTICE 重要提示

1. This application is for the purpose of obtaining a quotation and does not bind the applicant or the insurer to complete the insurance.

本投保申请书仅用于报价目的，填具本投保申请书并不意味着投保人必须投保或保险公司必须承保。

2. In order to protect your own interests, before applying for this Policy, please read carefully the terms and conditions of this Policy, especially the exclusions, and listen to the explanation made by our salespersons. Please make sure that you fully understand the explanations of our salespersons. With no enquiry, you are deemed to have fully understood the terms and conditions of this insurance contract.

为了保障您自身的权益，请在确认投保本保险前，仔细阅读理解保险合同的各项规定，尤其是免除保险人责任的规定，并听取保险公司业务人员的说明。请确保您对保险公司业务人员的说明完全理解，没有异议。如未询问，则视同已经对合同内容完全理解并无异议。

3. This Application must be duly signed & chopped by the Applicant.

本投保申请书须经投保人签署并盖章方为有效。

Signature of Applicant's authorized representative (Affixed with corporate chop)

投保人授权代表签字（加盖公章）

Name of Applicant's authorized representative:

投保人授权代表姓名：

Title:

职位：

Date:

签署日期：
