

安联财产保险(中国)有限公司

PRODUCTS LIABILITY PROPOSAL FORM

产品责任保险投保申请书

**Note to Proposer 投保须知**

Proposal means this signed proposal form, the statements, warranties, and representations herein and all attached supplementary information and materials. Proposal is the basis and important component of insurance contract. “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,是构成保险合同的基础和重要组成部分。

**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. Submitting the proposal, 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,仔细阅读理解保险条款的各项约定,尤其是免除保险人责任的条款,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。填写并提交投保申请书,将视同您已经对条款内容完全理解并无异议。

**Proposer Information 投保人(即被保险人)基本信息**

Name of Proposer 名称: \_\_\_\_\_  
License Number 营业执照编号: \_\_\_\_\_ Organization Code 组织机构代码: \_\_\_\_\_  
(Remark: If policy premium over RMB200,000 or USD20,000, please provide copy of operation license)  
(说明: 请提供营业执照复印件。如保险费超过 RMB200,000 或 USD20,000, 还请提供组织机构代码证、税务登记证复印件并加盖公章)  
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**

**PROPOSER'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 Company's Website (if any) 贵司的公司网站(如有)  
\_\_\_\_\_
- 2 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  
\_\_\_\_\_
- 3 Business Nature :  Manufacturer  Distributor  Trading Company  Other:  
业务性质 制造商 经销商 贸易公司 其他:  
\_\_\_\_\_
- 4 Form of Business:  Individual  Partnership/Joint Venture  Limited Liability Company  Organization Other  
企业类型 个体企业 合伙企业或合资企业 有限责任公司 除上述以外的其它机构  
\_\_\_\_\_
- 5 Do you have a branch, subsidiary or representative in the USA?  Yes  No  
贵司在美国是否设有分公司、子公司或代表处? 是 否  
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  No  
 贵司在过去五年中是否收购过任何新的实体? 是 否  
 If yes, Please give name(s) and address(es) 如是, 请提供名称和地址

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

- 9 Please list sales to be covered under this Proposal 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 to be Covered 投保产品名称	Next Year Est. 下一年度估计	2012	2011	2010	2009	2008

2) Export sales to rest of world 出口至世界其他地方

Products to be Covered 投保产品名称	Next Year Est. 下一年度估计	2012	2011	2010	2009	2008

Please indicate the percentage of sales to Europe in rest of world export sales

请提供在世界其他地区出口销量中欧洲所占比例:

Please indicate the percentage of sales to Australia in rest of world export sales

请提供在世界其他地区出口销量中澳大利亚所占比例:

3) Sales to Mainland China 销往中国大陆地区

Products to be Covered 投保产品名称	Next Year Est. 下一年度估计	2012	2011	2010	2009	2008

- 10 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?  Yes  No  
 是否使用可追查货品的代码系统? 是 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**

11 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。

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

If your Products are made to the design of the buyer, do you have obtained rights of recovery?  Yes  No  
如果产品的制造是根据买方设计的, 你是否具有追索的权利?  是  否

**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)**

13 Did you enter into any hold harmless agreements with your vendors or any trading counterparts?  Yes  No  
Please provide copy of the agreements if yes.  是  否  
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。

14 Do you require "Vendors Liability" Endorsement?  Yes  No  
贵司是否需要销售商责任批单?  是  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的名称、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**

15 Did you waive, release, or discharge any or all claims against any third parties for damages in respect of any your Product?  
Please provide details if yes.  Yes  No  
对于任何投保产品, 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?  是  否

如是, 请提供详细情况

**PRODUCT QUALITY AND SPECIAL USE (Please attach copy of Quality Certificate, Lab. Testing Reports, Product Leaflet, 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、产品简介、用户手册及产品警示标签)**

16 Are your products supplied as parts or components to other manufacturers?  Yes  No  
贵司的产品是否会作为零部件销售给其他制造商?  是  否

If yes, please give details of finished products and their manufactures  
如果是, 请提供终端产成品及其制造商的详细信息:

17 Are your products sold for use on or with:  Aircrafts/missile/aerospace \_\_\_\_\_  Watercraft/offshore \_\_\_\_\_  
贵司的产品及相关的服务是否会用于:  飞机/飞弹/太空方面  水上交通工具/离岸设施

Automobiles/Transportation \_\_\_\_\_  Pharmaceutical/Medicine/Medical Equipment \_\_\_\_\_  
 汽车/内陆交通工具  医药品/医疗设备

If yes, please give details, including the sales turnover in each application \_\_\_\_\_  
如果是, 请详细说明, 包括上述每一类应用范围的销售额。

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

B. Does Proposer have a written product recall plan?  Yes  No  
贵司是否有书面产品召回计划?  是  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?  Yes  No  
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?  是  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)

E. 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  No  
是 否

If yes, what is the name of the lab and what test is being performed?

若是, 请说明将进行哪些测试及实验室的名称 (请附检验报告)

**LOSS EXPERIENCE****损失记录**

19 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.  Yes  No  
 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?  是  否  
 如是, 请说明。

20 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?

21 Is there any product that has been discontinued for known defects or inherent hazards or recalled in the last 5 years:  Yes  No  
 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?  是  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

22 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  No  
 是 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)**

23 Insurance requirements 保险要求:

Policy period desired: From \_\_\_\_\_ To \_\_\_\_\_ Policy Form:  Occurrence  Claims Made  
 希望的保险期间: 自 \_\_\_\_\_ 起至 \_\_\_\_\_ 保单形式: 事故发生制 索赔提出制  
 Limit of Liability desired: Per occurrence 每次事故: \_\_\_\_\_ in aggregate 年度累计: \_\_\_\_\_  
 要求的赔偿限额: \_\_\_\_\_ 希望的免赔额: \_\_\_\_\_

24 Prior insurance 过往保险安排:

Have you been covered by Product Liability Insurance before?  Yes  No  
 贵司以前是否投保过产品责任保险?  是  否

Has any carrier canceled or refused to renew products liability coverage?  Yes  No  
 是否有保险公司解除或不予续保贵司的产品责任保险?  是  否

If Yes, furnish details

如是, 请详细说明:

- 25 Current insurance 目前保险安排:  
If you are covered by Product Liability Insurance, who is your current carrier?  
如果贵司已投保有产品责任险, 目前承保的保险公司是哪家?  
Current Policy period: From \_\_\_\_\_ To \_\_\_\_\_ Policy Form:  Occurrence  Claims Made  
目前的保险期间: 自 \_\_\_\_\_ 起至 \_\_\_\_\_ 保单形式: 事故发生制 索赔提出制  
Limit of Liability: Per occurrence 每次事故: \_\_\_\_\_ in aggregate 年度累计: \_\_\_\_\_ Deductible 免赔额:  
赔偿限额: \_\_\_\_\_
- 26 Person to contact for inspection, if necessary: 若需实地勘查, 可联系: \_\_\_\_\_  
Title 职位: \_\_\_\_\_ Telephone 电话: \_\_\_\_\_ Fax 传真: \_\_\_\_\_

**IMPORTANT NOTICE 重要提示**

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。

The insurer may require Applicant to provide copies of valid ID and other necessary documents as verification of identity pursuant to the PRC Anti-Money Laundering (AML) Law, Administrative Rules on AML for Financial Institutions, Administrative Rules of KYC and Customer Identification and Transaction Record Retention of Financial Institutions, and other applicable laws and regulations.

根据《中华人民共和国反洗钱法》、《金融机构反洗钱规定》和《金融机构客户身份识别和资料及交易记录保存办法》等有关法律、法规的规定, 可能还需要投保人提供其他必要信息和有效的身份证明文件的复印件, 以便于保险公司准确地核实投保人的身份。

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

**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。

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: