

Sales Channel									
Salesperson									

Application Form for Employer's Liability Insurance
雇主责任险投保申请书

Please read the Employer's Liability insurance clauses (Filing No.: Allianz Guangzhou (filing) [2012] N22) thoroughly and pay special attention to those bold clauses, listen to our sales person's explanation. Should you have any query or objection before fill out the proposal form, let our sales person know. Otherwise, you are deemed to have fully understood the contents of the clauses with no objection.

请您仔细阅读雇主责任保险条款(报备编号:安联广州(备案)[2012]N22号),尤其是黑体字标注部分的条款内容,并听取保险公司业务人员的说明,如对保险公司业务人员的说明不明白或有异议的,请在填写本投保单之前向保险公司业务人员进行询问,如未询问,视同已经对条款内容完全理解并无异议。

Name of insured 被保险人名称			
Address of insured 被保险人地址			
Nature of business 营业性质	Period of insurance 保险期限	From 自	To 到
Final product or service 生产的产品的名称或提供的服务类型	Contract person & telephone No. 联系人和电话		

Please answer the following questions for underwriting 请回答下列问题以便核保之用。

1. Please state the detailed production / operation process and number of employees for each specific position.
请详细说明工作流程或者工作内容及每个岗位的员工数。
2. Please provide the detailed loss description of work-related injury or occupational disease in the past 3 years. Please describe improvements, if any, to avoid the previous occupational accident/disease happening again?
请描述过往3年由于雇员工伤或职业病导致的损失,理赔个案的原因及细节,改善措施详情如何?
3. Is the factory certified to OHSAS 180001?
工厂是否取得 OHSAS180001 的认证?
 YES NO
4. Does the factory have valid fire inspection certificates issued by local fire service authority?
工厂是否取得了当地消防部门发放的验收意见书?
 YES NO
5. Does the factory have valid inspection certificates and/or permits for elevators ,forklifts, boilers, pressure vessels and other equipment per local regulation?
工厂是否取得了电梯、叉车、锅炉、压力容器以及其他类型的特种设备的使用登记证和年检合格证?
 YES NO

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6. Does the factory post speed limit signs for vehicles including forklift and ha it controlled properly?
 工厂是否张贴并执行厂内车辆（包括叉车）的限速警示？
- YES NO
7. Does the factory arrange occupational heath examinations to the workers exposed to hazardous environment?
 工厂是否按照要求为危害工委的工人提供职业健康体检？
- YES NO
8. Does the factory keep accident/injury/illness records?
 工厂是否保有所有事故、工伤以及疾病的纪录？
- YES NO IF YES, PLEASE SPECIFY _____
9. Are corrective actions taken to prevent recurrence of work related accidents?
 工厂是否针对工伤采取足够的纠正措施以防止其再次发生？
- YES NO IF YES, PLEASE SPECIFY _____
10. Are adequate guarding or devices installed for moving/rotating parts of machine, pulleys and belts or any other dangerous parts of machines?
 工厂是否为机器的转动/旋转部件、皮带轮及其他危险部件安装适当的安全防护装置？
- YES NO
11. Do workers operate machinery safely, including proper use of machine safeguards and emergency stop switches?
 工厂是否能够安全的操作机器，包括对防护装置和急停按钮的正确使用？
- YES NO
12. Does the factory perform regular preventive maintenance for the machines including safety devices?
 工厂是否对机器及其安全装置进行定期的预防性保养？
- YES NO
13. Is there any storage of inflammable/explosive/ poisonous materials?
 是否存放有易燃易爆有毒危险品？
1. 易燃物品 YES NO IF YES, PLEASE SPECIFY _____
2. 易爆物品 YES NO IF YES, PLEASE SPECIFY _____
3. 有毒或其他危险品 YES NO IF YES, PLEASE SPECIFY _____

Insurance Proposal
保险计划

Occupation & Indemnity limit 职业类别及投保金额(责任限额)

	计划 1	计划 2	计划 3	计划 4	计划 5
Occupations 工作岗位/职业类别					
No. of employees 各岗位相应雇员人数					
No./Percentage of employees covered by Social Worker's Compensation Insurance 参加工伤社保雇员的人数/比例					
Declared Salary 申报月工资					
Note: The applicant can choose different coverage plan for different position or occupation. Please mark down detail business plan for each occupation. 投保人可以根据不同的工作岗位或工种选择不同的保障计划, 请注明投保各计划的工种类别和人数。					

Basic Coverage 基本险

	计划 1	计划 2	计划 3	计划 4	计划 5
Medical Expenses 医疗费用补偿					
Lost Wage for Temporary Disablement 停工留薪补偿					
Daily Hospital Income 住院补偿					
Permanent Disablement Benefit 伤残补偿					
Death Benefit 身故补偿					
Accommodation and Transpiration Expenses for Hospital Transfers 转院就医食宿交通费					
Rehabilitation Apparatus 康复器具费用					

Compensation for Accidental Injury and Employer's Additional Insurance

意外伤害雇主补偿附加险-24 小时非工伤

	计划 1	计划 2	计划 3	计划 4	计划 5
Medical Expenses 医疗费用补偿					
Lost Wage for Temporary Disablement 停工留薪补偿					
Daily Hospital Income 住院补偿					
Permanent Disablement Benefit 伤残补偿					
Death Benefit 身故补偿					

If you have any special request, please specify in detail
如果投保人有其它任何要求, 请在此注明:

Declaration 申明

1. I/We hereby declare that the statements made by me/us in this questionnaire and proposal are to the best of my/our knowledge and belief, complete and true, and I/we hereby agree that this questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk/s. It is agreed that the insurers undertake to deal with this information in strict confidence with the terms of the policy only and that the insured will not lodge any other claims of whatever nature.

我/我们基于最大诚信原则填写此申请书, 并同意如接纳报价后, 此申请书将作为我/我们与保险公司之间的合同依据。保险人根据保单条款承担保险责任, 被保险人保证不因该保险的安排而免除第三方依法应负的法律责任。

2. I/We have carefully read and understood the Employer's Liability Insurance Clauses (Filing No.: Allianz Guangzhou (filing) [2012] N22), especially the clauses shown in bold. I/We have entirely understood the insurer's explanations and prompts on the Insurance Clauses. I/We have no objection to the Insurance Clauses and hereby apply for the insurance.

我/我们已经仔细阅读雇主责任保险条款(报备编号: 安联广州(备案)[2012] N22号), 尤其是黑体字部分的条款内容, 并对保险公司就保险条款内容的说明和提示完全理解, 没有异议, 申请投保。

Signature and Stamp

投保人签名和盖章确认:

Date

日期:

保险销售事项确认书

The Letter of Confirmation

根据中国保监会广东监管局文件《关于进一步规范我省财产保险市场行为的通知》(粤保监发[2011]78号)的相关规定,为了更好地保障保险客户的合法权益,请您(投保人)填写并确认以下信息:

According to the requirements of the Circular on Further Standardizing the General Insurance Market Behavior(No.78 [2011] of CIRC Guangdong Bureau) to better protect policyholders' lawful rights and interests, you shall carefully fill out the below form and confirm the information made by you is complete and true:

本人就_____ (保险标的), 向 _____ (保险公司), 投保 _____ (险种),
确认以下事项:

I/We apply for _____ (type of Insurance) with _____ (insurer) against _____
(subject matter), and make below confirmation,

产险销售人员姓名: _____, 职业证号: _____, 已向本人详细解释有关保
险条款内容, 并清楚说明免除保险人责任的条款。

Sales person: _____, Certificate No.: _____, has given a detailed explanation to the
contents of the clauses, especially the exclusion clauses.

投保人签字(盖章):

Signed by the applicant:

日期:

Date:

产险销售人员签字:

Signed by the sales person:

保险中介机构盖章:

Sealed by the insurance intermediary:

日期:

Date: