

PRIMARY PRODUCTS LIABILITY APPLICATION

產品責任保險投保書

(This application must be signed by an officer of the proposer)
本投保書必須由投保公司負責人簽署

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

申請人資料 (請附公司簡介和年度報告)

1. Named Insured (Include all subsidiaries):
投保公司名稱 (包括所有的附屬公司):

2. Principal Address & web site address
總公司地址:

3. Business: Manufacturer Distributor Trading Company Other (Please specify)
業務性質: 製造商 經銷商 貿易公司 其它 (請說明)

4. How long has the Insured been in business?
投保公司從事本行業多久?

5. Website Address:
網址:

6. Does the Insured have operations in the United States or Canada? Yes No
投保公司在美加地區有無分公司或其他機構? 是 否

If Yes, Nature of operation: Rep. Office/Sales office/Others:

若有, 請說明該機構的業務性質: 代表處/銷售處/其它

Number of Staff in USA/Canada:
美加員工數目:

Number of Vehicles in USA/Canada:
美加車輛數目:

7. Policy Period desired:
希望保險期間:

From 從 _____ to 至 _____

SALES TURNOVER IN USD (Please attach Product Catalogues, Pictures or Samples)

銷售額 (美元) (請附產品目錄、圖片或樣品)

8. Please provide the expected and previous annual sales to USA/Canada for each of your product lines.
請列出過去五年及來年貴公司產品在美加地區的銷售金額。

Products	Next Year Est.	Current Year	Last Year	20__	20__	20__
產品名稱	來年估計 (USD)	本年度 (USD)	上年度 (USD)	(USD)	(USD)	(USD)

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Please state only the turnover and names for your particular buyers if you choose to insure selective buyers only.
如只選擇投保指定機構, 只需列出該機構的名稱及銷售金額。

9. Please provide the expected and previous sales to Australia/New Zealand.

請列出過去五年及來年貴公司產品在澳紐的銷售金額。

Products 產品名稱	Next Year Est. 來年估計 (USD)	Current Year 本年度 (USD)	Last Year 上年度 (USD)	20__ (USD)	20__ (USD)	20__ (USD)
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*Please state only the turnover and names for your particular buyers if you choose to insure selective buyers only.
如只選擇投保指定機構，只需列出該機構的名稱及銷售金額。

10. Please provide the expected and previous sales to Europe.

請列出過去五年及來年貴公司產品在歐洲的銷售金額。

Products 產品名稱	Next Year Est. 來年估計 (USD)	Current Year 本年度 (USD)	Last Year 上年度 (USD)	20__ (USD)	20__ (USD)	20__ (USD)
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*Please state only the turnover and names for your particular buyers if you choose to insure selective buyers only.
如只選擇投保指定機構，只需列出該機構的名稱及銷售金額。

11. Please provide the expected and previous sales to Rest of the World (excluding USA/Canada, Australia/New Zealand & Europe).

請列出過去五年及來年貴公司產品在世界其他地區的銷售金額 (美加、澳紐及歐洲地區除外)。

Products 產品名稱	Next Year Est. 來年估計 (USD)	Current Year 本年度 (USD)	Last Year 上年度 (USD)	20__ (USD)	20__ (USD)	20__ (USD)
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*Please state only the turnover and names for your particular buyers if you choose to insure selective buyers only.
如只選擇投保指定機構，只需列出該機構的名稱及銷售金額。

12. Please confirm the turnover stated in Q.8, Q.9, Q.10 and Q.11 above is

請確定問題八、九、十、十一中所填寫之銷售金額為

- Turnover to designated customer(s) only 指定客戶銷售金額
 Total Company Turnover 全公司銷售金額

NON-OWN LABEL

非自有品牌

13. Please give percentage of total product sales shipped under another label/ brand (Original Equipment Manufacturing/ OEM's Products).

請列出貴公司用其他品牌或商標（原產地製造或原產地產品）銷售的產品佔全部銷售額的比例。

14. Are such OEM's Products made to () your design specifications or () those of the buyer?

這些原產地產品的製造是根據 () 您的設計要求 或 () 買方的設計要求?

VENDOR'S LIABILITY

銷售商責任

15. Does anyone require you to have this product liability insurance? Yes No
是否有任何機構要求您投保本產品責任保險? 是 否

If Yes, please specify who requires this insurance and attach a copy of their agreement.

若有, 請列出機構名稱並附上他們的合約複印本。

CONTRACTUAL AGREEMENT

契約協議

16. Do you enter into any hold harmless or other similar contractual agreements? Yes No
您是否有訂立任何損害免責協議或其他類似的契約? 是 否

If yes, please explain: (Please attach a copy of such contracts, if applicable.)

若有, 請詳細說明之。(請附上他們的合約複印本, 如適用。)

PRODUCT QUALITY (Please attach copy of Quality Certificate, Lab. Testing Reports)

產品質量(請附質量證書及產品檢驗報告的複印本)

17. A. Is there a written Quality Control Procedure or Quality Assurance Plan? Yes No
貴公司有書面的質量控制措施嗎? 是 否
- B. Are record keeping procedures being kept on the products? Yes No
所有的產品是否有保存的記錄? 是 否
- C. Is there any traceability system including batch coding being utilized? Yes No
貴公司產品是否有可追查貨品的代碼系統? 是 否
- D. Are you aware of any mandatory or voluntary standards which apply to your products? Yes No
If so, please advise which requirements your products need or exceed?
知道貴公司的產品應遵循哪些法定或強制的標準嗎? 若是, 請列出達到哪個標準? 是 否
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(Examples 例如 – CPSC, ASTM, CSA, CE, UL, DOT, etc. 等等)

- E. Do you apply any third-party laboratories/testing center (please attach report) Yes No
 第三方的獨立實驗室或檢測中心為您的產品進行過檢驗嗎?(請附檢驗報告) 是 否
 If Yes, please describe:
 若是, 請說明: _____
- F Are warnings and labels satisfying applicable standard affixed to the product ? Yes No
 是 否

LOSS EXPERIENCE

損失記錄

18. Is there any government-mandated recall or discontinuation of any product? Yes No
 貴公司產品是否有被政府強令回收或停止使用? 是 否
 If Yes, please describe:
 若是, 請說明: _____

19. Has anyone ever requested for payment of damages for medical expenses, bodily injury or property damage caused by your products, whether insured or uninsured?
 貴公司曾因您的產品(無論是否被承保)造成的醫療費、身體殘疾或財產損失而被索償嗎?
 If Yes, please provide total incurred losses in last 5 years: Yes No
 若是, 請提供過去五年的損失記錄。 是 否

Year 年	Claims Amount 賠償金額	Incident Details 明細
_____	_____	_____
_____	_____	_____

Please note: if any of the answers are “yes”, we may require more information about the nature of the previous incidents. You may attach full details or otherwise we shall contact you.

注意: 若任何答案為“是”, 我們需要過去事故有關的詳細資料。請附在本投保書後, 否則本公司核保人可能會聯絡跟進。

INSURANCE REQUIREMENTS

保險要求

20. Has any insurer canceled or non-renewed your products liability insurance? Yes No
 是否有保險公司取消或不予續保貴公司的產品責任保險? 是 否
 If Yes, when and why?
 如是, 什麼時間, 為什麼? _____

21. With whom are you currently insured for products liability ? _____

目前, 貴公司的產品責任險的承保人是那間保險公司?

Policy Form: Occurrence Claims Made (Retroactive Date: _____)
 保單形式: 事故發生制 索賠發生制 (追溯日: _____)

Current Limit: _____ Current Deductible: _____ Policy Expiry Date: _____
 目前承保限額: 目前免賠額: 保單到期日:

** Please feel free to attach a copy of your policy schedule for an analysis.

(請提供保單複印件供分析之用)

22. New/Renewal Insurance Program:

新造/續保保單計劃:

Limit of Liability Required: _____ Deductible preferred: _____
要求的賠償限額: 提議免賠額:

23. Person to contact for inspection, if necessary: _____

若需實地勘查, 可聯繫:

Title: _____ Telephone: _____ Fax: _____
職位: 電話: 傳真:

Email Address: _____
電郵地址:

*** Important Note***

重要提示

Completion of this application creates no obligation upon the applicant to accept insurance or upon insurance company to offer insurance.

完成本投保書並不代表著投保人必須投保或保險公司必須接受保險。

Applicant's Signature:
投保公司負責人簽名:

Applicant's Name:
投保公司負責人姓名:

Applicant's Title:
投保公司負責人職位:

Date Signed:
簽署日期:
