



三井住友海上火灾保险（中国）有限公司

MITSUI SUMITOMO INSURANCE (CHINA) CO.,LTD.

34F,Shanghai World Financial Center,100 Century Avenue,Pudong New Area,Shanghai 200120, P.R.China

PHONE: (021) 6877-7899 FAX: (021) 6877-7500

Questionnaire for Loss of Profit

营业中断保险调查表

1. Applicant 投保人			
Ownership(Please tick)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Non-Japanese Foreign	<input type="checkbox"/> State-owned
企业性质(请选择)	日资	非日资外企	国有
	<input type="checkbox"/> Collective	<input type="checkbox"/> Private	<input type="checkbox"/> Individual
	集体	私营	个体
	<input type="checkbox"/> Others		<input type="checkbox"/>
	其他		
English Name 英文名称			
Chinese Name 中文名称			
Correspondence Address 通讯地址			
Telephone 电话	Fax 传真	Post Code 邮编	
Date and Time of Establishment 成立时间			
Nature of Business 业务范围			
2. Assured 被保险人			
Ownership(Please tick)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Non-Japanese Foreign	<input type="checkbox"/> State-owned
企业性质(请选择)	日资	非日资外企	国有
	<input type="checkbox"/> Collective	<input type="checkbox"/> Private	<input type="checkbox"/> Individual
	集体	私营	个体
	<input type="checkbox"/> Others		<input type="checkbox"/>
	其他		
English Name 英文名称			
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Correspondence Address 通讯地址			
Telephone 电话	Fax 传真	Post Code 邮编	
Date and Time of Establishment 成立时间			
Nature of Business 业务范围			
3. Nature of Business 业务范围			
4. Location of Property Insured or attach list of locations 被保险财产地址,或提供地址清单			

5. Period of Insurance 保险期限 From _____ to _____ 由 _____ 至 _____		
6. Sums Insured 保险金额		
Items Insured 投保项目	Sums Insured 保险金额	Indemnity Period 赔偿期限
a) On gross Profit 毛利润	a) Months 月
* The Working Expenses to be excluded are: 营业费用应扣除:		
- Packing Materials 包装材料费	- Bad Debts written off 坏账 (if insured under item b) 在b项下单独投保的工资	- Carriage other than own vehicles 非自有车发生之运费 - Purchases (less discount received) 营业额 (扣除折扣)
b) On All Wages 工资	b)	
c) On Auditor's Fees 审计师费用	c)Weeks 周
Total Sums Insured 总保险金额	

The following questions must be answered by the Applicant

(Please tick appropriate box):

投保人必须回答以下问题 (请选择适当空格加√号)

- | | YES | NO |
|---|--------------------------|--------------------------|
| | 是 | 否 |
| 1. Do you carry on business at any other premises?
是否在其他场所经营业务
If so, please give details.
如是, 请列明 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you keep Stock Books and Sales Books?
是否有库存记录和销售记录 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever suffered any loss at this or any other premises in respect of any perils to which this proposal applies?
是否在投保场所或其他场所因所要保之风险遭受过损失
If "YES", please give details.
如果“是”, 请详细说明 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any Company or Underwriter at any time (1) declined to accept or continue any insurance of yours, (2) required an increased premium or (3) imposed special conditions?
曾否有其他保险公司 (1) 拒绝接受或延续贵公司的保险, (2) 加收保费或 (3) 附加特别条件
If any of the above answer is "YES", please give details.
如上述任何一项为“是”, 请详细说明 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there any other insurance effected upon this property currently or previously?
此财产目前或以前是否有其他保险
If "YES", please give details
如果“是”, 请说明保险公司 | <input type="checkbox"/> | <input type="checkbox"/> |

6. Are your books regularly audited?
是否有常规会计审记
Give the name and Address of Auditor.
请告知审计所名称及地址

7. When does your financial year end?
贵公司会计年度何时结束 _____

I/We declare the information given above to be correct and agree that this questionnaire shall form the basis of the contract between me/us and the Insurer.

我/我们就此宣告以上所填报资料真实无误,并同意此调查表将成为我/我们和保险公司之合约的基础

Applicant's Signature:
投保人签名: _____

Date:
日期: _____