



三井住友海上火灾保险（中国）有限公司

MITSUI SUMITOMO INSURANCE (CHINA) CO.,LTD.

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

Questionnaire for Money Insurance
现金保险调查表

1. Applicant 投保人
Ownership(Please tick)
English Name
Chinese Name
Correspondence Address
Telephone Fax Post Code
Date and Time of Establishment
Nature of Business
2. Assured 被保险人
Ownership(Please tick)
English Name
Chinese Name
Correspondence Address
Telephone Fax Post Code
Date and Time of Establishment
Nature of Business
3. Location of Property Insured
被保险财产地址

4.	Period of Insurance 保险期限	From _____ to _____ 由 _____ 至 _____
5.	Territorial Limits 地域范围	
6.	Limit of Liability 赔偿限额	
	(1) In the premises: money whilst contained in the premises 营业处所: 在营业处所保存的现金	
	(a) Money in the locked drawer 在上锁橱柜中	(a) _____
	(b) Money in the locked safe or strongroom 在上锁的保险箱或金库中	(b) _____
	Sub-total: 在营业处所现金赔偿限额总计:	_____
	(2) In Transit: money whilst in direct transit by car accompanied by the Insured's authorised employees during business hours between the Premises and/or banks, and/or customers' premises and/or post office within the territorial limits. 运输中: 在地域范围内有被保险人授权的雇员押送的在营业时间内, 在营业处所或银行, 客户的处所或邮局之间用汽车直接运送现金	
	Sub-total: 运输中现金赔偿限额总计:	_____
	Grand-total 赔偿限额合计	_____

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)

1. Please give details of safes

请告知保险箱情况

a) Maker's Name
生产商名称 _____

b) Dimensions
规格 _____

c) Fire or Theft Resisting
防火/防盗性 _____

d) Type of the safe and its installment
保险箱类型及安装形式 _____

e) Value
金额 _____

2. Are the keys of the drawer safe and strongroom removed from the Premises when the Premises are closed for business?

YES NO
是 否

非营业时间时, 橱柜/保险箱/金库的钥匙是否妥善保管?

3. Have you sustained a loss of the kind to be insured? YES NO
此财产过去是否有损失? 是 否
If so, please give details.
如有, 请告知细节。
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? YES NO
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? 是 否
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

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: _____
