



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 Products Liability Insurance 产品责任险调查表

I General Information (Please attach company profile) 一般资料 (请附公司简介)		
1. Applicant 投保人		
Ownership(Please tick) <input type="checkbox"/> Japanese <input type="checkbox"/> Non-Japanese Foreign <input type="checkbox"/> State-owned <input type="checkbox"/> Collective <input type="checkbox"/> Private <input type="checkbox"/> Individual <input type="checkbox"/> Others		
企业性质(请选择) 日资 非日资外企 国有 集体 私营 个体 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. Named Assured 列明被保险人		
Ownership(Please tick) <input type="checkbox"/> Japanese <input type="checkbox"/> Non-Japanese Foreign <input type="checkbox"/> State-owned <input type="checkbox"/> Collective <input type="checkbox"/> Private <input type="checkbox"/> Individual <input type="checkbox"/> Others		
企业性质(请选择) 日资 非日资外企 国有 集体 私营 个体 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		

3. Additional Assured, if any, please advise the relationships with the Named Assured(eg. Vendors of Spare parts)
追加被保险人, 若有, 请告知和列明被保险人之关系(如:零部件供应商等)

4. Period of Insurance
保险期限
From _____ to _____
由 _____ 至 _____

5. Limit of Liability required
要求的赔偿限额

a) Limit for any one accident:
每次事故赔偿限额 _____

b) Limit in the annual aggregate:
保险期内总赔偿限额 _____

6. Territorial Limits
地域范围

II. Product Information (Please attach Product Catalogues, Pictures or Samples)
产品资料 (请附产品目录、图片或样品)

1. Please state ALL products which at present you produce / distribute:
请简要说明贵公司目前所生产或销售之所有产品

- Any additional product will be covered only from the date on which it is reported to the Company.
任何新增加之产品必须于通知本公司之日后始为承保在内者

2. Please provide the expected/previous sales for each of your product lines.
请列出过去五年及未来年度贵公司产品的销售金额

Year 年度	Products in Chinese/English 产品名称,中英文	Sales to USA/Canada 美加地区销售额	Sales to ROW (Rest of the World) 其他地区销售额

3. Please briefly describe how your products are to be used? 请简要说明贵公司产品之用途		
4. What is the life expectancy of your product? 预期产品之生命周期		
5. a) Do suppliers and distributors of your products require you to have this liability insurance? 贵公司产品之供应商及经销商是否要求您投保本产品责任险	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
b) Do you enter into any agreements or undertaking to indemnify (or hold harmless) suppliers of materials or components or sub-contractors or processors in respect of any injury or damage? 您是否与原料及部件供应商或承包商有任何有关发生人身伤害或财产损失而进行赔偿的协议	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
c) Are any of your products explosive, flammable, or poisonous either by itself or in combination with other materials? 贵公司之产品本身或与其他物质结合后会有害人体、易燃或易爆	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
d) Is any product sold as component parts for other products? 贵公司之产品是否作为其他产品之零部件	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
e) Are any of your products sold under another name or label? 贵公司所售之产品是否有以其他名称来销售	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
f) Do others assemble your products? 是否有他人装配贵公司的产品	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
● please explain all of the above " YES" answers below: 以上若任一为“是”，请详细说明		
6. a) Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse made known to the ultimate user by: - warning labels at the point of hazard <input type="checkbox"/> - written instructions <input type="checkbox"/> - other means (attach details) <input type="checkbox"/> 贵公司以下列何种方式警示最终使用者可能有的先天危险、误用危险、滥用危险： - 于产品危险部位标示警告事项 - 提供文字说明 - 其他方式（请说明）		
b) Are warnings/instructions in English? 是否为英文之警告用语或产品说明书	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
Note: for all products concerned in this enquiry it is essential that descriptive leaflets or brochures, specimen labels, guarantees and conditions of sale are attached to this questionnaires. 注: 请提供所有产品的手册、标签、保证书和销售条件。		
7. a) Is there a written Quality Control procedure? 贵公司有书面的质量控制措施吗	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
b) Are record keeping procedures being kept on the products?	YES	NO

所有的产品是否有保存的记录	是 <input type="checkbox"/> 否 <input type="checkbox"/>																
c) Are you aware of any mandatory or voluntary standards which apply to your products? 您知道贵公司的产品应遵循哪些法定或强制的标准吗 If so, please advise which requirements your products need or exceed 若是, 请列出贵公司的产品达到哪个标准 (Examples: CPSC,ASTM,CSA,CE,UL.DOT,etc) (例如: CPSC,ASTM,CSA,CE,UL.DOT, 等)	YES NO 是 <input type="checkbox"/> 否 <input type="checkbox"/>																
d) Do you apply any third-party laboratories/testing center ? 第三方的独立实验室或检测中心为您的产品进行过检验吗 If "YES", please attach report 如是, 请附报告	YES NO 是 <input type="checkbox"/> 否 <input type="checkbox"/>																
III. Previous Insurance/Previous Claims 曾经购买过的保单/ 曾有过的索赔																	
1. Have you previously been insured? 贵公司曾经买过产品责任险保单吗 If so, please specify: 如有, 请详细说明	YES NO 是 <input type="checkbox"/> 否 <input type="checkbox"/>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">The Insurer 保险公司</th> <th style="width: 20%;">Period of Insurance 保险期限</th> <th style="width: 20%;">Limit of Liability 赔偿限额</th> <th style="width: 40%;">Policy Form 保单形式</th> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"> A. Occurrence B. Claims Made 事故发生制 索赔发生制 </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </thead></table>	The Insurer 保险公司	Period of Insurance 保险期限	Limit of Liability 赔偿限额	Policy Form 保单形式				A. Occurrence B. Claims Made 事故发生制 索赔发生制									
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2. 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	YES NO 是 <input type="checkbox"/> 否 <input type="checkbox"/>																
3. Is there any claims made or pending against you? 是否有过索赔记录 If "YES", please give details. 如有, 请详细说明	YES NO 是 <input type="checkbox"/> 否 <input type="checkbox"/>																

Year 年份	Brief description of accidents 事故起因简述	Amount of Settled Claims 已决索赔金额	Amount of Outstanding Claim 未决索赔金额	Insured With 保险公司

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: _____