

5. Territorial Limits 地域范围			
6. Limit of Indemnity 赔偿限额		Maximum Indemnity 最高赔偿限额	
1) Death 死亡		1) _____ months payroll 个月总收入	
2) Bodily Injury 伤残		2) _____ months payroll 个月总收入	
7. Detailed Information about your Employees 雇员的详细资料			
Occupation of Employees 雇员工种种类	Estimated Number of Employees 员工人数估计	Estimated Annual Salaries/Wages & other Earnings 预计年度工资薪金及其他收入	Statutory Industrial Accident Insurance Insured or Not 工伤保险参与与否
Remarks: <p>a. All person employed must be included in the above schedule. 所有受雇佣之员工均须列入上表中</p> <p>b. If there are expatriates in your company, please list separately. 若您的员工中有外籍人士，请单独列明</p> <p>_____</p> <p>c. Please indicate information about “non-manual staff working overseas”, if any, staff annual turnover and frequency and average duration. 如果贵公司有“海外工作的非操作员工”，请告知年度出差人数、出境频率及海外停留时间</p> <p>_____</p>			

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 |
|---|--------------------------|--------------------------|
| 1. Is there any other insurance effected upon your liability to your employees currently or previously?
目前或以前是否有其他雇主责任保险?
If “YES”, please give details
如果“是”，请说明保险公司 | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you employ any casual workers otherwise than for the purpose of your trade & business?
是否雇用临时工从事业务外的工作? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does all the declared staff attend the social medical insurance scheme?
是否参加了当地基本医疗保险计划
If yes, please advise the effective date.
如是，请提供参加日期 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Please state thereunder all accidents to your employees incidental to their occupation during the past three years in details. Please attach a list if necessary. If you have enjoyed a clean loss record, state “NO”.
请列明过去三年中贵公司雇员因职务所发生的意外事故的详细情况。如有必要，请另页详述。如无损失记录，请说明“无” | | |

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

6. How many editions of the valid Contract of Employment do you have? Please provide one copy respectively.
 贵公司与雇员签署的劳动合同有几个版本? 请提供每一个版本的样本各一份。

* Quantity of editions of the Contract: _____ in total
 请填写劳动合同的版本数量。一共有_____种。

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: _____