



Questionnaire for Property Insurance
财产综合险调查表

1. Applicant 投保人							
Ownership(Please tick) 企业性质(请选择)	<input type="checkbox"/> Japanese 日资	<input type="checkbox"/> Non-Japanese Foreign 非日资外企	<input type="checkbox"/> State-owned 国有	<input type="checkbox"/> Collective 集体	<input type="checkbox"/> Private 私营	<input type="checkbox"/> Individual 个体	<input type="checkbox"/> Others 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) 企业性质(请选择)	<input type="checkbox"/> Japanese 日资	<input type="checkbox"/> Non-Japanese Foreign 非日资外企	<input type="checkbox"/> State-owned 国有	<input type="checkbox"/> Collective 集体	<input type="checkbox"/> Private 私营	<input type="checkbox"/> Individual 个体	<input type="checkbox"/> Others 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. Location of Property Insured or attach list of locations 被保险财产地址,或提供地址清单							

4.	Mortgagee/s: Assignee/s: Lien Holder/s (if any) 如有抵押人/受托人/扣押人, 请填写名称	
5.	Period of Insurance 保险期限	From _____ to _____ 由 _____ 至 _____
6.	Insured Items and Sums Insured 保险标的和保险金额	
	Insured Items 保险标的	Sums Insured 保险金额
	a) Buildings 建筑物	a) _____
	b) Fitting, fixture and furniture 装置、家具及办公设施	b) _____
	c) Machinery 机器设备	c) _____
	d) Stock 仓储物	d) _____
	e) Others 其他	e) _____
	<ul style="list-style-type: none"> ● Should you insure Movable equipment, such as portable computer, portable LCD and movable photograph apparatus ect., please state the amount or furnish details with attachment. 若需投保“移动便携式设备装置”, 如: 手提电脑、便携式液晶显示器、照相摄像器材等等, 请单独列明金额或提供明细清单. 	_____
	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)

1. Have you ever suffered any loss or damage in the respect of the listed perils in the last 3 years?
您在过去三年中曾否因目前所要保之灾险遭受过损失?

If "YES", please give details
如果“是”, 请详细说明

YES NO
是 否

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

3. 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

4. Other Details

其他细节

(1) Construction of Building
建筑物结构

- a. Fire Resistive Construction
防火建筑
- b. Combustible Construction
易燃建筑
- c. Non-Combustible Construction
非易燃建筑

d. Age of Building
建筑物年龄

e. Plan Area/Floor m²
面积

f. how many floors
建筑物层数

g. Building Owned
建筑物自有
Rented
租赁

(2) Fire Protection
消防情况

Sprinkler System Automatic Manual
喷淋系统 自动 手动
Hand Held Fire Extinguishers
手提灭火器

Hydrant System
消防栓系统
Auto Fire Alarm
自动火灾报警

(3) Burglary Alarm System
防盗警报系统

YES NO

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: _____