



## 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 Public Liability Insurance 公众责任险调查表

1. Applicant 投保人			
Ownership(Please tick) <input type="checkbox"/> Japanese <input type="checkbox"/> Non-Japanese Foreign <input type="checkbox"/> State-owned <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. Assured 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 or Products manufactured (please give a brief description of any unusual manufacturing processes ) 业务范围或生产的产品 (如有特别的生产过程, 请简单说明)			

<p>3. Insured Locations &amp; the Size (square meter) (Please attach the sketch of the premise and its surroundings)          被保险场所及面积(m<sup>2</sup>) (请随附场所及周边环境略图)</p>
<p>4. Period of Insurance          保险期限          From _____ to _____          由 _____ 至 _____</p>
<p>5. Limit of Insurance Liability          赔偿限额</p> <p>a) Limit for any one accident: _____          每次意外事故限额</p> <p>b) Limit in the annual aggregate: _____          保险期限总限额</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)

1. Do you carry on business at any other premises?

是否有其他经营场所

If so, please give details.

如有, 请详述

YES

NO

是

否

2. Is there a contract with the landlord or anyone else which requires you to buy insurance?

贵公司是否与房东或其他人签定过合约需要负责提供保险

If so, please attach relevant copies of the section which explains this requirement.

如是, 请提供该合约中有关保险之条款复印件

3. Do you require any other parties to be included insured on your policy?

贵公司是否需要在保单中将他方列为被保险人

If so, please specify names of those parties:

如是, 请列出其名称

4. Do you perform installation, service or repair of any products?

贵公司是否从事产品安装、检修或修理

If so, please advise revenues from such operations.

如是, 请列出该项收入

5. Do you use any inflammables, explosive or hazardous chemicals?    
贵公司是否使用易燃、易爆或危险化学品
6. Have you suffered any loss or damage during last three years?    
过去三年中是否遭受过损失  
If so, please give details.  
如是，请告知详情

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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: \_\_\_\_\_

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