



Proposal / Renewal Form for Products Liability Insurance 產品責任保險投保書

PART 1 – INSURED’S DETAILS 投保公司詳細描述 <i>Please provide Company Profile & Annual Report - Appendix 1</i> 請附上公司簡介及年度報告 - 附錄 1		Fast Track Process (Renewal only) 特快程序 (只適用於續保)	
1. Named Insured 投保公司名稱 (Include all subsidiaries 包括所有的附屬公司):		Expiring Policy No 現行保單號碼	
2. Principal Address 總公司地址:		Confirm as expiring 確認與現行保單相同 <input type="checkbox"/> (If there are any changes, please provide the updated information on the left 如有任何變動, 請在左邊提供需要更改的資料)	
3. Business 業務性質: <input type="checkbox"/> Manufacturer 製造商 <input type="checkbox"/> Distributor 經銷商 <input type="checkbox"/> Trading Company 貿易公司 <input type="checkbox"/> Other 其它 _____			
4. How long has the Insured been in business? 投保公司從事本行業多久?			
5. Website Address 網址:			
6. Does the Insured have operations in the United States or Canada? 投保公司在美加地區有沒有分公司或其他機構? If Yes, 若是, Nature of operation 請說明該機構的業務性質: <input type="checkbox"/> Rep. Office 代表處 / <input type="checkbox"/> Sales office 銷售處 / <input type="checkbox"/> Others 其它 _____			
		Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
PART 2 – INSURANCE REQUIREMENTS 保險要求 <i>Please provide Current Policy Schedule - Appendix 2 請附上現行保單 - 附錄 2</i>		For Renewal 只適用於續保	
7. With whom are you currently insured for products liability 目前, 貴公司的產品責任保險的承保人是那間保險公司? _____ Policy Form 保單形式: <input type="checkbox"/> Occurrence 事故發生制 / <input type="checkbox"/> Claims Made 索賠發生制 Retroactive Date 追溯日: ___(mm)__(dd)__(yyyy) Current Limit 現行承保限額: _____ Current Deductible 現行免賠額: _____ Current Premium 現行保費: _____ Current Policy Expiry Date 現行保單屆滿日期: ___(mm)__(dd)__(yyyy)		Confirm as expiring 確認與現行保單相同 <input type="checkbox"/>	
8. Person to contact for inspection, if necessary 若需實地勘查, 可聯繫: _____ Title 職位: _____ Telephone 電話: _____ Email 電子郵件: _____			
9. Has any insurer canceled or non-renewed your products liability insurance? 是否有保險公司取消或不予續保貴公司的產品責任保險? If yes, when and why? 若是, 什麼時間, 為什麼? _____		Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
PART 3 – VENDOR’S LIABILITY 銷售商責任 <i>Please provide Vendor’s Insurance Requirement / Agreement - Appendix 3</i> 請附上銷售商的保險要求/協定 - 附錄 3		For Renewal 只適用於續保	
10. Does anyone require you to have this product liability insurance? 是否有任何機構要求您投保本產品責任保險? If yes, please specify who requires this insurance and attach a copy of their agreement. 若是, 請列出機構名稱並附上他們的合約複印本。		Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Confirm as expiring 確認與現行保單相同 <input type="checkbox"/>



PART 4 – PRODUCT DETAILS 產品資料		For Renewal 只適用於續保
Please provide Product Catalogues or Pictures - Appendix 4 請附上產品目錄或圖片 - 附錄 4		
11. Insured Product Description 投保產品描述: _____		Confirm as expiring 確認與現行保單相同 <input type="checkbox"/> (If there are any changes, please provide the updated information on the left 如有任何變動，請在左邊提供需要更改的資料)
12. Does the Insured Product include the following category? 貴公司投保產品是否包括以下類別? If yes, please mark below 若是，請標注以下哪一項類別:		
a) Electrical / Pressurized / Gas-operated / Heating 電器/加壓/氣體/加熱	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
b) Inflatable / Shooting / Projectile 充氣/發射/拋射性	<input type="checkbox"/> <input type="checkbox"/>	
c) Safety / Protective 安全/防護性	<input type="checkbox"/> <input type="checkbox"/>	
d) Pharmaceutical / Nutraceutical / Medical 藥用/保健/醫療	<input type="checkbox"/> <input type="checkbox"/>	
e) Aged Below 3 三歲以下	<input type="checkbox"/> <input type="checkbox"/>	
Non-Own Label 非自有品牌 13. Please give percentage of total product sales shipped under another label/ brand (Original Equipment Manufacturing/ OEM's Products). 請列出貴公司用其他品牌或商標 (委託代工產品) 銷售的產品佔全部銷售額的比例。 ____% 14. Are such OEM's Products made to <input type="checkbox"/> your design specifications or <input type="checkbox"/> those of the buyer? 這些委託代工產品的製造是根據 <input type="checkbox"/> 您的設計要求 或 <input type="checkbox"/> 買方的設計要求?		
Product Quality 產品質量 Please provide Quality Certificate & Laboratory Testing Report - Appendix 5 請附上質量證書及產品檢驗報告 - 附錄 5		Yes 是 No 否
15. a) Is there a written quality control procedure? 貴公司有書面的質量控制措施嗎?		<input type="checkbox"/> <input type="checkbox"/>
b) Are record keeping procedures being kept on the products? 所有的產品是否有保存的記錄?		<input type="checkbox"/> <input type="checkbox"/>
c) Is there any traceability system including batch coding being utilized? 貴公司產品是否有可追查貨品的代碼系統?		<input type="checkbox"/> <input type="checkbox"/>
d) Are you aware of any mandatory or voluntary standards which apply to your products? 知道貴公司的產品應遵循哪些法定或強制的標準嗎?		<input type="checkbox"/> <input type="checkbox"/>
i. If yes, please advise which requirements your products need or exceed? 若是，請列出達到哪個標準? _____		
ii. Examples 例如 – CPSC, ASTM, CSA, CE, UL, DOT, etc.		
e) Do you apply any third-party laboratories/testing center? 第三方的獨立實驗室或檢測中心為您的產品進行過檢驗嗎?		<input type="checkbox"/> <input type="checkbox"/>
i. If yes, please describe 若是，請說明: _____		

PART 5 – SALES DETAILS 銷售額資料					
<input type="checkbox"/> USD 美元 <input type="checkbox"/> HKD 港元 <input type="checkbox"/> EUR 歐元 <input type="checkbox"/> Other 其它 _____					
16. Please provide the expected and previous annual sales to USA/Canada for each of your product lines. 請列出過去及來年貴公司產品在美加地區的銷售金額。					
Products 產品名稱	Next Year Est. 來年估計	Current Year Actual Sales 今年實際銷售	Last Year 上年度	20__	20__



17. Please provide the expected and previous sales to Australia/New Zealand . 請列出過去及來年貴公司產品在 澳紐 的銷售金額。					
Products 產品名稱	Next Year Est. 來年估計	Current Year Actual Sales 今年實際銷售	Last Year 上年度	20__	20__
18. Please provide the expected and previous sales to Europe . 請列出過去及來年貴公司產品在 歐洲 的銷售金額。					
Products 產品名稱	Next Year Est. 來年估計	Current Year Actual Sales 今年實際銷售	Last Year 上年度	20__	20__
19. Please provide the expected and previous sales to Rest of the World (excluding USA/Canada & Australia/New Zealand & Europe). 請列出過去及來年貴公司產品在 世界其他地區 的銷售金額 (美加/澳紐/歐洲地區除外)。					
Products 產品名稱	Next Year Est. 來年估計	Current Year Actual Sales 今年實際銷售	Last Year 上年度	20__	20__
20. For the turnover declared in questions above, is it presenting the TOTAL COMPANY SALES ? 上述銷售額是否代表貴公司總銷售額? If no, please list name(s) and address(es) of vendor(s). 如否, 請列出供應商的姓名和地址。 <i>Please provide Vendor Listing - Appendix 6 請附上銷售商清單- 附錄 6</i>					Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>

PART 6 - LOSS EXPERIENCE 損失記錄	
21. Is there any government-mandated recall or discontinuation of any product? 貴公司產品是否有被政府強令回收或停止使用? If yes, please describe 若是, 請說明: _____	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
22. Has anyone ever requested for payment of damages for medical expenses, bodily injury or property damage caused by your products, whether insured or uninsured? 貴公司曾因您的產品(無論是否被承保)造成的醫療費、身體殘疾或財產損失而被索償嗎? <i>If yes, please provide total incurred losses in last 5 years - Appendix 7 若是,請附上過去五年的損失記錄 -- 附錄 7</i>	<input type="checkbox"/> <input type="checkbox"/>
If you have answered "YES" to questions 21 and/or 22, then full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if a subsequently a claim should arise. 如您對問題 21 和/或 22 的回答為“是”, 則必須提供每個問題的全部詳細資料, 以供我們參考及報價。我們必須提醒您, 務必要正確回答這些問題。錯誤資料有可能會損害您的權利, 以及隨後引起的索賠。	



DECLARATION 聲明	
<p>I/We declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any materials facts. I/We agree that this Proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected therein. I/We undertake to inform insurer of any material alteration to these facts whether occurring before or after the application and any contract of insurance effected therein. 我/我們聲明此投保書中的陳述和細節是真實的，我/我們沒有錯誤地陳述或壓制任何材料事實。我/我們同意此投保書以及我/我們提供的任何其他資料，應構成其中任何保險合約的基礎。我/我們承諾告知保險公司這些事實的任何重大變更，無論發生在此投保及保險合約生效之前或之後。</p>	
Date 日期____(mm)____(dd)____(yyyy)	Signature of Proposer 投保公司負責人簽署_____
Should discrepancy arise between the original English version and the Chinese translation, the English version shall prevail. 如英文原文與中文譯本不一致時，以英文文本為準。	

APPENDIX 附錄	Attachment 附件
Appendix 1 - Company Profile & Annual Report (附錄 1 - 公司簡介及年度報告)	<input type="checkbox"/>
Appendix 2 - Current Policy Schedule (附錄 2 - 現行保單)	<input type="checkbox"/>
Appendix 3 - Vendor's Insurance Requirement / Agreement (附錄 3 - 銷售商的保險要求/協定)	<input type="checkbox"/>
Appendix 4 - Product Catalogues or Pictures (附錄 4 - 產品目錄或圖片)	<input type="checkbox"/>
Appendix 5 - Quality Certificate & Laboratory Testing Report (附錄 5 - 質量證書及產品檢驗報告)	<input type="checkbox"/>
Appendix 6 - Vendor Listing (附錄 6 - 銷售商清單)	<input type="checkbox"/>
Appendix 7 - Total incurred losses in last 5 years (附錄 7 - 過去五年的損失記錄)	<input type="checkbox"/>