

## PRIMARY PRODUCTS LIABILITY APPLICATION 產品責任保險投保書

### APPLICANT'S INFORMATION (Please attach company profile/annual report)

申請人資料 (請附公司簡介和年度報告)

1. Named Insured (Include all subsidiaries):  
投保公司名稱 (包括所有的附屬公司):

2. Principal Address:  
總公司地址:

3. Business:     Manufacturer     Distributor     Trading Company     Other  
業務性質:    製造商    經銷商    貿易公司    其它

4. How long has the Insured been in business?  
投保公司從事本行業多久?

5. Does the Insured have operations in the United States or Canada?     Yes     No  
投保公司在美加地區有無分公司或其他機構?    是    否

If Yes,    Nature of operation:    Rep. Office/Sales office/Others:  
若有,    請說明該機構的業務性質:    代表處/銷售處/其它

Number of Staff in USA/Canada:    Number of Vehicles in USA/Canada:  
美加員工數目:    美加車輛數目:

### SALES TURNOVER IN USD (Please attach Product Catalogues, Pictures or Samples)

銷售額 (美元) (請附產品目錄、圖片或樣品)

6. Please provide the expected and previous annual sales to USA/Canada for each of your product lines.  
請列出過去五年及來年貴公司產品在美加地區的銷售金額。

Products	Next Year Est.	20__	20__	20__	20__	20__
產品名稱	來年估計					

7. Please provide the expected and previous sales to Australia/New Zealand.  
請列出過去五年及來年貴公司產品在澳紐的銷售金額。

Products	Next Year Est.	20__	20__	20__	20__	20__
產品名稱	來年估計					

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8. Please provide the expected and previous sales to Rest of the World (excluding USA/Canada and Australia/New Zealand).  
請列出過去五年及來年貴公司產品在世界其他地區的銷售金額(美加及澳紐地區除外)。

Products	Next Year Est.	20__	20__	20__	20__	20__
產品名稱	來年估計					

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NON-OWN LABEL**  
**非自有品牌**

9. 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(原產地製造或原產地產品)銷售的產品佔全部銷售額的比例。

\_\_\_\_\_

10. Are such OEM's Products made to ( ) your design specifications or ( ) those of the buyer?  
這些原產地產品的製造是根據( )您的設計要求或( )買方的設計要求?

\_\_\_\_\_

**VENDOR'S LIABILITY**  
**銷售商責任**

11. Does anyone require you to have this product liability insurance?  Yes  No  
是否有任何機構要求您投保本產品責任保險? 是 否

If Yes, please specify who requires this insurance and attach a copy of their agreement.  
若有,請列出機構名稱並附上他們的合約複印本

\_\_\_\_\_

**PRODUCT QUALITY** (Please attach copy of Quality Certificate, Lab. Testing Reports)  
**產品質量**(請附質量證書及產品檢驗報告的複印本)

12. A. Is there a written Quality control procedure?  Yes  No  
貴公司有書面的質量控制措施嗎? 是 否

B. Are record keeping procedures being kept on the products?  Yes  No  
所有的產品是否有保存的記錄? 是 否

C. Are you aware of any mandatory or voluntary standards which apply to your products?  Yes  No  
知道貴公司的產品應遵循哪些法定或強制的標準嗎? 是 否

If so, please advise which requirements your products need or exceed?  
若是,請列出貴公司的產品達到哪個標準?

\_\_\_\_\_

(Examples – CPSC, ASTM, CSA, CE, UL, DOT, etc.)  
(例如: CPSC, ASTM, CSA, CE, UL, DOT 等等)

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產品質量(請附質量證書及產品檢驗報告的複印本)

- D. Do you apply any third-party laboratories/testing center (please attach report)  Yes  No  
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?(請附檢驗報告) 是 否

If Yes, please describe:

若是, 請說明: \_\_\_\_\_

**LOSS EXPERIENCE**

損失記錄

13. Is there any government-mandated recall or discontinuation of any product?  Yes  No  
貴公司產品是否有被政府強令回收或停止使用? 是 否

If Yes, please describe:

若是, 請說明: \_\_\_\_\_

14. 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?

If Yes, please provide total incurred losses in last 5 years:

若是, 請提供過去五年的損失記錄。

- Yes  No  
是 否

Please note: if any of the answers are "yes", we may require more information about the nature of the previous incidents. You may attach full details or otherwise an AIU underwriter will contact you.

注意: 若任何答案為“是”, 我們需要過去事故有關的詳細資料。請附在本投保書後, 否則本公司核保人可能會聯絡跟進。

**INSURANCE REQUIREMENTS**

保險要求

15. Has any insurer canceled or non-renewed your products liability insurance?  Yes  No  
是否有保險公司取消或不予續保貴公司的產品責任保險? 是 否

If Yes, when and why?

如是, 什麼時間, 為什麼? \_\_\_\_\_

16. With whom are you currently insured for products liability \*\*?

目前, 貴公司的產品責任險的承保人是那間保險公司? \_\_\_\_\_

Policy Form:

保單形式:

Occurrence

事故發生制

Claims Made (Retroactive Date: \_\_\_\_\_)

索賠發生制(追溯日:)

Current Limit: \_\_\_\_\_

目前承保限額:

Current Deductible: \_\_\_\_\_

前免賠額:

Premium: \_\_\_\_\_

當前保費:

\*\* Please feel free to attach a copy of your policy schedule for an analysis.

(請提供保單複印件供分析之用)

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**INSURANCE REQUIREMENTS**

**保險要求**

17. New/Renewal Insurance Program:

新造/續保保單計劃:

Limit of Liability Required: \_\_\_\_\_

要求的賠償限額:

Deductible preferred: \_\_\_\_\_

提議免賠額

18. Person to contact for inspection, if necessary: \_\_\_\_\_

若需實地勘查,可聯繫:

Title: \_\_\_\_\_

職位:

Telephone: \_\_\_\_\_

電話:

Fax: \_\_\_\_\_

傳真:

Email address: \_\_\_\_\_

電郵地址: \_\_\_\_\_

**\* Important Note\***

**重要提示**

**Completion of this application creates no obligation upon the applicant to accept insurance or upon insurer to offer insurance.**

**完成本投保書並不代表著投保人必須投保或保險公司必須接受保險。**

Applicant's Signature:

投保公司負責人簽名: \_\_\_\_\_

(This application must be signed by an officer of the proposer)

本投保書必須由投保公司負責人簽署

Agent's Signature:

經紀代理簽名: \_\_\_\_\_

Applicant's Name:

投保公司負責人姓名: \_\_\_\_\_

Agent's Name:

經紀代理姓名: \_\_\_\_\_

**Global Star Assurance  
Agency Limited**

Applicant's Title:

投保公司負責人職位: \_\_\_\_\_

Date Signed:

簽署日期: \_\_\_\_\_

Date Signed:

簽署日期: \_\_\_\_\_