

本商品經本公司合格簽署人員檢視其內容業已符合保險精算原則及保險法令，惟為確保權益，基於保險業與消費者衡平對等原則，消費者仍應詳加閱讀保險單條款與相關文件，審慎選擇保險商品。本商品如有虛偽不實或違法情事，應由本公司及負責人依法負責。

## Chubb COMMERCIAL GENERAL LIABILITY INSURANCE Proposal Form

### 安達產物商業綜合責任保險要保書

Important: Detailed information and submission of all documents/plans requested will ensure a prompt response.

重要：提供詳盡資料及所有要求提供之文件及計畫將確保獲致保險人迅速之回覆

#### Section I - Basic Information of the Named Insured

##### Section I - 列名被保險人之基本資料

1. Full name of First Named Insured/Applicant: \_\_\_\_\_

第一列名被保險人即要保人全名

Full names of other Named Insured: \_\_\_\_\_

其他列名被保險人全名

2. Mailing Address of First Named Insured: \_\_\_\_\_

第一列名被保險人聯絡地址

3. First Named Insured is  Individual  Partnership  Corporation  Joint Venture  Other

第一列名被保險人係

個人

合夥

公司

合資

其它

Another Named Insured is  Individual  Partnership  Corporation  Joint Venture  Other

另一列名被保險人係

個人

合夥

公司

合資

其它

Please make a list if any further. 如尚有其他列名被保險人，請表列之。

4. Business:

事業性質

(a) Describe in full detail (brochure if available): \_\_\_\_\_

詳述之（如有公司簡介者，請提供）

(b) How long in business? \_\_\_\_\_

經營該事業已多少年？

5. (a) Location of premises:

營業處所地址

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

(b) Fully describe operations at each location:

詳述各營業處所之營業項目

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

**Section II - Information for Non-Product & Completed Operations Liability**

**Section II - 其它非產品及完工責任保險資料**

6. Are any of the above premises leased or rented in their entirety to others who control and operate the premises, elevators or boilers?  Yes  No

是否將任一上述營業處所整體出租予他人，而由他人控制並使用該處所、升降梯或鍋爐？

7. Has your company in the past performed or does it anticipate performing work outside Taiwan, R.O.C. in the forthcoming year:  Yes  No

過去是否曾經或計畫於未來於中華民國境外營運？

If yes, please provide full details: \_\_\_\_\_

如有，請詳述

8. Contractual - list all lease agreements. (obtain copies of agreement where possible):

契約責任 — 請表列所有租賃契約（如可能，請提供契約影本）

---

---

9. Detail fully types of operations and work performed by insured:

詳述被保險人履行之營運項目及工作全部類型

| Operation<br>營運項目 | \$ Performed<br>(gross receipts)<br>履行工作金額<br>(總貨款) | Percentage<br>Subcontracted<br>轉包成數 |
|-------------------|---|-------------------------------------|
|                   | \$  | %                                   |
|                   | \$  | %                                   |
|                   | \$  | %                                   |
|                   | \$  | %                                   |

10. What type of work is sublet? \_\_\_\_\_

轉包之工作項目？

11. Are sub-contractors to submit liability insurance?  Yes  No

次承包商是否投保責任保險？

12. Do you ask sub-contractors to submit liability certificates?  Yes  No

是否要求次承包商提交責任保險證明？

Limit: \$ \_\_\_\_\_

保險限額為

13. Do you enter into formal contractual agreements with your sub-contractor?  Yes  No  
是否與次承包商簽訂正式轉包契約？  
If yes, do you include a "hold harmless" clause in your favour?  Yes  No  
如有，該合約中是否包含有利於被保險人之「免於損害條款」？  
Submit copy of usual contract form.  
請提供合約範本。

14. Tenant's Legal Liability:

承租人（房客）之法定責任

(a) Location of premises: \_\_\_\_\_

承租之營業處所地址

(b) Limits of liability: \_\_\_\_\_

責任限額

(c) Is there a lease agreement?  Yes  No If yes, please submits copy.

是否有租賃契約？如有，請提供影本

15. Is there any use of radioactive materials?  Yes  No

是否使用任何具放射性之原物料？

16. Do you operate a medical facility or employ a physician, surgeon or dentist?  Yes  No

是否經營醫療院所或僱用內外科醫生或牙醫？

If yes, give details: Number of doctors: \_\_\_\_\_ Number of nurses: \_\_\_\_\_

如有，請詳述 醫生人數

護士人數

17. Do you operate any aircraft or watercraft?  Yes  No If yes, a separate application is required.

是否需操作任何航空器或船舶？

如有，須填寫另一份要保書。

18. Do you charter, rent or lease any aircraft or watercraft?  Yes  No If yes, a separate application is required.  
 是否包租、租用任何航空器或船舶？ 如有，須填寫另一份要保書。

19. Do you engage in any of the following operations?

是否參與以下營運？

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> demolition or wrecking<br>破壞或打撈 | <input type="checkbox"/> use of explosives<br>使用爆破物                       | <input type="checkbox"/> shoring<br>支撐工程    |
| <input type="checkbox"/> raising or moving<br>高舉或移動      | <input type="checkbox"/> underpinning<br>托底工程                             | <input type="checkbox"/> tunnelling<br>隧道工程 |
| <input type="checkbox"/> caisson work<br>沉箱工程            | <input type="checkbox"/> welding (on premises/off premises)<br>焊接（營業處所內外） | <input type="checkbox"/> excavation<br>挖掘工程 |

If yes, please provide full details of work undertaken: \_\_\_\_\_  
 如有，請詳述工作內容

20. Provide the claims experience of you and the company you took over or merged with for last five years, of which each claim shall include total costs from ground up, inclusive of defence costs and deductible.

提供過去五年來之求償紀錄（請提供含法律費用且未扣除自負額之求償金額），含已為被保險人接管或合併之公司。

| Date of Occurrence<br>意外事故發生日 | Describe Occurrence & Injury or Damage<br>敘述意外事故及體傷或財損狀況 | Amount 金額         |            | Defense Cost<br>法律費用 | Deductible<br>自負額 |
|-------------------------------|--|-------------------|------------|----------------------|-------------------|
|                               |  | Outstanding<br>未決 | Paid<br>已決 |                      |                   |
|                               |  |                   |            |                      |                   |
|                               |  |                   |            |                      |                   |
|                               |  |                   |            |                      |                   |

Are you aware of any other incidents which may result in claims against you?  Yes  No

是否知悉存在任何其它意外事故可能導致第三人的賠償請求？

21. State limits of liability required:

填寫希望投保之責任限額

22. Deductible required:

希望投保之自負額

23. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for?  Yes  No

被保險人要保或續保本類保險時，是否曾遭任何保險人中止、婉拒或拒絕？

If yes, give reason: \_\_\_\_\_

如有，請說明

Additional remarks if any:

附註：

### Section III - Information for Product & Completed Operations Liability

#### Section III - 產品及完工責任資料

24. Insurance

保險

|                         | INSURANCE REQUESTED      | INSURANCE PRESENT        |
|-------------------------|--------------------------|--------------------------|
|                         | 要保條件                     | 現有保險條件                   |
| a. Limits of liability: | \$ _____ Each Occurrence | \$ _____ Each Occurrence |
| 責任限額                    | 每一「意外事故」                 | 每一「意外事故」                 |
|                         | \$ _____ Aggregate       | \$ _____ Aggregate       |
|                         | 「累積賠償限額」                 | 「累積賠償限額」                 |
| b. Deductible/S.I.R.:   | \$ _____                 | \$ _____                 |
| 自負額／自留額                 |                          |                          |
| c. Retroactive date:    | _____                    |                          |
| 追溯日                     |                          |                          |
| d. Present Insurer:     | _____                    |                          |

現有保險人

e. Has any insurer ever canceled, restricted or refused to renew your products liability insurance?  Yes  No

被保險人續保產品責任保險時，是否曾遭任何保險人中止、限制或拒絕？

(If yes, please attach explanation.)

如有，請附說明

25. Specified Products and Completed Operations

特定產品及完工服務

Only those products and services specified below will be considered for coverage:

唯下列載明之產品及服務視為要保：

| Products and Services (or<br>產品及服務 (或特定種類)  | Applicant Acts as a/an<br>要保人係 |   |   |   |    | Sales<br>銷售金額 | Sold to<br>銷往 (地區)     |             | Does applicant<br>要保人是否 |                                | Products sold to<br>產品銷往 (對象) |   |    |   |   |
|---|--------------------------------|---|---|---|----|---------------|------------------------|-------------|-------------------------|--------------------------------|-------------------------------|---|----|---|---|
|   | M                              | W | R | I | MR |               | USA/<br>Canada<br>美加地區 | ROW<br>其它地區 | Install?<br>安裝          | Repair or<br>service?<br>維修或服務 | W                             | R | MR | C | O |
|   |                                |   |   |   |    |               | %                      | %           |                         |                                |                               |   |    |   |   |
|   |                                |   |   |   |    |               | %                      | %           |                         |                                |                               |   |    |   |   |
|   |                                |   |   |   |    |               | %                      | %           |                         |                                |                               |   |    |   |   |
|   |                                |   |   |   |    |               | %                      | %           |                         |                                |                               |   |    |   |   |
| <b>M - manufacturer W - wholesaler R - retailer I - importer MR - manufacturers rep. C - consumer - direct O - other (describe)</b><br><b>M—製造商 W—批發商 R—零售商 I—進口商 MR—製造商代表 C—直接銷往消費者 O—其它 (請說明)</b> |                                |   |   |   |    |               |                        |             |                         |                                |                               |   |    |   |   |

26. Sales and Marketing

銷售及行銷

a. Total sales or receipts for all products and services

產品及服務銷售總金額或貨款

Next years projection \$ \_\_\_\_\_

下一年度預估

1st prior year \$ \_\_\_\_\_

Previous Year \$ \_\_\_\_\_

去年

2nd prior year \$ \_\_\_\_\_

Describe any significant change in product sales mix between any prior year and next year's projection:

如任二年度銷售金額（含下一年度預期）有顯著差異時，詳述之：

b. Do you wish to include your customers as additional insureds with Vendors coverage?  Yes  No

是否希望將被保險人之客戶以供應商附加條款列為附加被保險人？

## 27. Processing and Quality Control

製程及品管

### a. Processing

製程

1. Do others manufacture, assemble, package or install products under your name or label?  Yes  No

是否有第三人以被保險人名義或商標進行製造、組裝、包裝或安裝產品？

(If yes, please attach explanation.)

(如有，請附說明。)

2. Do you manufacture, assemble, package or install products for others under their name or label?  Yes  No

被保險人是否以第三人名義或商標為第三人進行製造、組裝、包裝或安裝產品？

(If yes, please attach explanation.)

(如有，請附說明。)

### b. Quality Control and Recordkeeping

品管及記錄

1. Do you have a quality control and testing procedure?  Yes  No

是否有品管及測試流程？

2. How long are quality control and testing records kept? \_\_\_\_\_ year(s)

品管及測試紀錄保存時效？

年

3. Can you identify your product from those of competitors?  Yes  No

能否於競爭對手產品中辨識自己產品？

4. Do your records show to whom and the date each product was sold?  Yes  No



是否有紀錄載明產品銷售的對象及日期？

5. Do you require certificates evidencing Products Liability insurance from suppliers?

Yes  No

是否要求上游供應商提供投保產品責任保險相關證明？

28. Loss Prevention, Loss Control, Claim Defense

損害防阻、損害控制及求償抗辯

a. Who designs your products? \_\_\_\_\_

何人設計被保險人產品

b. Are designs reviewed, tested and verified by others?

Yes  No

是否有第三人審閱、測試或核實產品設計？

c. Do you maintain records of changes in designs, advertisements and sales brochures?  Yes  No

If yes, how long? \_\_\_\_\_ Years

是否保存設計、廣告及銷售手冊變更資料？

如有，多久 \_\_\_\_\_ 年

d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel to avoid misunderstandings relative to product safety or intended use?  Yes  No

所有的操作指南、使用手冊、廣告及保證書是否均定期經法律顧問審閱過，以避免關於產品安全或用途之誤解？

e. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?  Yes  No

產品設計、測試、標示及製造是否符合或超過所有政府或業界適用之標準？

f. Do you have a specific program to withdraw known or suspected defective products from the market?  Yes  No

是否有執行已知或疑似瑕疵產品下架之特定計畫？

g. Have you ever recalled or are you considering recalling any known or suspected defective products from the market?  Yes  No

是否曾經或正在考慮自市場回收過任何已知或疑似瑕疵產品？

(If yes, please attach explanation.)

如有，請附說明

29. Provide the claims experience of you and the company you took over or merged with for last five years, of which each claim shall include total costs from ground up, inclusive of defence costs and deductible.

提供過去五年來之求償紀錄（請提供含法律費用且未扣除自負額之求償金額），含已為被保險人接管或合併之公司。

| Date of Occurrence<br>意外事故發生日 | Describe Occurrence & Injury or Damage<br>敘述意外事故及體傷或財損狀況 | Amount 金額         |            | Defense Cost<br>法律費用 | Deductible<br>自負額 |
|-------------------------------|--|-------------------|------------|----------------------|-------------------|
|                               |  | Outstanding<br>未決 | Paid<br>已決 |                      |                   |
|                               |  |                   |            |                      |                   |
|                               |  |                   |            |                      |                   |
|                               |  |                   |            |                      |                   |

Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you?

是否知悉任何意外事件、狀況、情況、瑕疵或疑似瑕疵會導致第三人求償？

Yes       No      (If yes, please attach explanation.) 如有，請附說明

**NOTICE TO APPLICANT:** The coverage applied for is SOLELY AS STATED IN THE POLICY. To any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact, the insurer may have the option of avoiding the contract of insurance from its beginning.

**敬告要保人：**承保之保險條件僅如正式保險契約所載。任何人故意或意圖詐騙任何保險公司或他人，而提交含有任何不實資訊或為求誤導保險公司而隱匿情事之要保書，保險公司得選擇解除保險契約，使其自始不發生效力。

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

**擔保：**本人向保險公司擔保，本人瞭解並同意前述所提供之資訊均屬實，且將成為本保險成立之要件並為其一部份，保險人據此同意承保並出具正式保險契約。

本人(要保人)已受告知並瞭解所投保商品之重要內容及投保須知等相關事宜。

\_\_\_\_\_  
Name of Applicant    要保人姓名

\_\_\_\_\_  
Title (Officer, partner, etc.)    職稱 (經理人、合夥人等)

\_\_\_\_\_  
Signature of Applicant    要保人簽名

\_\_\_\_\_  
Date    日期

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

簽署本要保書，並不表示要保人、保險公司或保險公司之核保經理人已完成投保或核保；當本要保書所附之保險契約已出具時，本保險始生效力。

**(ATTACH BROCHURES, CATALOGS, LABELS, INSTRUCTIONS, SERVICE AGREEMENTS, FINANCIAL DATA if any)**

(如有，附貼行銷小冊、目錄、標示、操作指南、服務合約、財務資料)

■ The following is filled by broker/agent and Chubb 以下由保險經紀人/代理人與保險公司填寫

|           |  |                  |  |       |     |
|-----------|--|------------------|--|-------|-----|
| 核保人<br>簽章 |  | 保險經紀/代理簽<br>署人簽章 |  | 保險業務員 |     |
|           |  |                  |  | 登錄證號： | 簽章： |