

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。

107.10.24 安達商字第 1070699 號函送保險商品資料庫

## Elite Personal Management Liability

## Insurance Policy PROPOSAL FORM

## 安達產物個人董事責任保險要保書

### Important Notices/ 重要注意事項

#### Your Duty of Disclosure/ 揭露的義務:

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Law, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

要保人訂立保險契約前，對保險人（以下稱「Chubb」）負擔實告知義務，如有已知或合理預期應當知悉之事項，足以影響 Chubb 決定是否承受本保險之危險，或決定以何種條款內容承保者，應據實告知。

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

要保人於辦理保險契約之續約、延展、變更或恢復效力前，對於上述事項，亦對 Chubb 負有相同之告知義務。

Your duty however does not require disclosure of any matter:

惟要保人之告知義務，不包括下列事項：

- that diminishes the risk to be undertaken by the Insurer;  
會減少 Chubb 所承擔之危險者；
- that is of common knowledge;  
為眾所周知者；
- that your Insurer knows or, in the ordinary course of its business, ought to know;  
Chubb 已知或於其業務正常範圍內所應知者；
- as to which compliance with your duty is waived by the Insurer.  
經 Chubb 聲明不必告知者。

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

由於要保人提供答覆及資訊，對要保人具有約束力，故要保人於申請投保時所說明之各事項，應注意是否瞭解其內容，以及其內容是否正確。本注意事項如有不瞭解之處，要保人應徵詢獨立意見。

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

自提出本要保書起至保險契約完成簽署時止，要保人仍負有相同之揭露義務。

#### Non-Disclosure/ 不揭露:

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may terminate the contract.

要保人未盡揭露之義務者，依據保險契約，Chubb 得減少賠償請求之責任或得終止保險契約。

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.  
如要保人基於詐欺之意圖而未盡揭露義務，則 Chubb 有權解除本保險契約，本保險契約將自始不生效力。

### **Claims Made Contract/ 索賠基礎制契約：**

Subject to its terms and conditions the policy will cover your legal liability for any claim:

基於保險單條款之約定，本保險單將賠償下列損失：

- **first made against you during the policy period;**  
於保險期間內首次提出之賠償請求；
- **resulting from any circumstance of which you become aware during the policy period which may give rise to a future claim against you provided you immediately inform us in writing of such circumstances within the policy period.**  
於知悉任何將來可能會產生賠償請求之情事後，立即於保險期間內以書面通知 Chubb 者。

The Policy will not cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the policy period.

就要保人已知於保險期間開始前所為或被宣稱所為之任何行為、錯誤或應作為而未作為所導致之賠償請求、事實、情事或情況，不在本保險單承保範圍之內。

### **Change of Risk or Circumstances/ 危險或情況變更：**

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

若要保人於要保書中所揭露之一般營業狀況有任何變動，例如住址、收購或新的海外營業行為等，應儘速通知 Chubb。

### **Subrogation / 代位：**

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

如他人或他公司就本保險單所承保之損失或損害，應對被保險人負賠償或分擔之責，而被保險人與其達成協議，同意不向其追償或請求分擔者，Chubb 於法律許可之限度內，就該筆損失、損害或分擔額部分，概不對被保險人負賠償責任。

## Instructions to the proposer/ 要保人說明事項

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Before completing this proposal please read the Important Notices starting on page 1.

在填寫本要保書之前，請先參閱第一頁的重要注意事項。

1. Complete a separate Application for each directorship/position the **Applicant** wants covered.  
就要保人所欲投保之董事或其他職務分別回答。
2. Please type or print answers clearly.  
請清楚地書寫或繕打您的回答。
3. Answer all questions completely, leaving no blanks. If any questions, or part thereof, do not apply, type or print 'N/A' in the space.  
完整地回答所有問題，請勿留白。若有任何問題有不適用之部分，請於空白處書寫或繕打「不適用」。
4. Check YES or NO answers.  
勾選「是」或「否」之答案。
5. This form must be completed, dated and signed by **Applicant/ Insured Person**.  
本要保書必須完整填寫、載明日期並由**要保人/被保險人**簽署。

Please enclose copies of the following with this proposal:

請隨同本要保書一併提供下列文件複本:

For public companies: 針對公開發行公司

- The latest annual report, including audited financial statements;  
最近年度年報，包括經查核之財務報表
- The most recent CPA letter to management on internal controls, together with management's response.  
最近由會計師出具之內部控制制度審查報告及缺失及異常事項改善情形

For private & non-for-profit Organization: 針對未公開發行公司及非營利機構

- Latest audited annual financial statements;  
最近年度經查核之年報
- Descriptive narrative of operations and/or purpose of Organization;  
敘述營業項目及/或機構設立目的
- List of the board of directors, including the **Applicant/ Insured Person's** biography and resume;  
公司董監事名單，包括**要保人/被保險人**之簡歷
- Ownership structure of any privately held company.  
未公開發行公司之股東架構

For all Organizations: 針對所有公司組織

- When required by Chubb, terms and conditions of each directors & officers insurance policy, including excess insurance policy written by any insurance company for each company in which the **Applicant/ Insured Person** maintains a board seat or position and for which the **Applicant** is requesting coverage hereunder.

依 Chubb 之要求，提供**要保人/被保險人**擔任董事或其他職位且欲投保之公司組織所投保之董監事責任保險保單內容，包括超額保險。

**Section 1 – General Information 要保人資訊**

1.	Name of <b>Applicant</b> 要保人姓名：	
	Name of <b>Insured Person</b> 被保險人姓名：	
2.	Address of <b>Applicant</b> : 要保人地址：	
	Internet Address of <b>Applicant</b> : 要保人電子郵箱：	
	Address of <b>Insured Person</b> : 被保險人地址：	
	Internet Address of <b>Insured Person</b> : 被保險人電子郵箱：	

**Section 2 – Specific Information 詳細資訊**

3.	Limit of Liability Request: 欲投保責任限額	<input type="checkbox"/> US\$100,000 <input type="checkbox"/> US\$300,000 <input type="checkbox"/> US\$500,000 <input type="checkbox"/> US\$1,000,000 <input type="checkbox"/>
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**Complete the following questions for the Organization in which the Applicant/Insured Person serves as a director, officer, trustee, committee member or chairperson and for which the Applicant/Insured Person is requesting coverage hereunder. If the Applicant/Insured Person wants coverage for more than one directorship position, complete a separate application for each Organization.**

就要保人/被保險人擔任董事、經理人、信託人、委員會成員或主席而欲投保之組織回答以下問題。若組織超過一家，請就個別組織分開回答。

4.	Organization 組織名稱	Organization 組織名稱	Organization 組織名稱	Organization 組織名稱
(1) Position 擔任職位				
(2) Type of Organization 組織類型	<input type="checkbox"/> Public 公開發行公司/股票代號 <input type="checkbox"/> Private 非公開發行公司 <input type="checkbox"/> Not-for-profit 非營利機構	<input type="checkbox"/> Public 公開發行公司/股票代號 <input type="checkbox"/> Private 非公開發行公司 <input type="checkbox"/> Not-for-profit 非營利機構	<input type="checkbox"/> Public 公開發行公司/股票代號 <input type="checkbox"/> Private 非公開發行公司 <input type="checkbox"/> Not-for-profit 非營利機構	<input type="checkbox"/> Public 公開發行公司/股票代號 <input type="checkbox"/> Private 非公開發行公司 <input type="checkbox"/> Not-for-profit 非營利機構
(3) Is there any public company that can physically control over the Organization? If yes, please specify. 是否有任何公開發行公司對組織具有實質控制力？如有，請告知。	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
(4) Does <b>Applicant/Insured Person</b> serve as chairperson, “lead director” or on any board committees? If yes, please explain: How many committee meeting were held in the last year?/ <b>Applicant/Insured Person’s</b> attendance record (meetings attended) 要保人/被保險人是否擔任任何委員會之主席或董事長？如有請說明以下： 過去一年委員會召開次數/要保人/被保險人出席	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>

紀錄 (實際出席次數)				
(5) Does the <b>Applicant/Insured Person</b> have an ownership interest in the Organization? 要保人/被保險人是否持有組織之任何股權或權益? If yes, number of shares held and percentage of outstanding shares 如有, 請提供持有股數及持股比例	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
(6) Please answer the following questions and provide an explanation for any "yes" answers. 請回答以下問題, 如答案為是, 請提供說明				
a. Is <b>Applicant/Insured Person</b> a present or former employee of the Organization? 要保人/被保險人是否為組織之現任或前任員工?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Is <b>Applicant/Insured Person</b> an employee of present or former auditor of the Organization? 要保人/被保險人是否為組織之現任或前任會計師事務所員工?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Is any family member of <b>Applicant/Insured Person</b> an employee of the Organization? 要保人/被保險人之任何家庭成員是否任職於組織?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
(7) Does the <b>Applicant/Insured Person</b> receive any compensation from the Organization other than for board services? 除董事酬勞外, 要保人/被保險人是否收受組織其他報酬或津貼? If yes, please explain. 如是, 請說明	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
(8) Recent, Pending and Contemplated Changes: 近期未定或商議中的變更:				
a. Whether or not such discussions have been publicly disclosed, is the Organization or <b>Applicant/Insured Person</b> currently involved in discussions with any other party concerning any actual or potential: 無論是否已公開揭露, 組織或要保人/被保險人目前是否與他人討論以下事項:				
(i) Merger, acquisition or tender offer? 合併、併購或要約收購?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
(ii) Public offering of securities (whether or not such securities are required to be registered under any Securities Act)? If yes, attach details, including the prospectus. 公開發行有價證券(無論是否係依證券交易法登記), 如是, 請提供包括公開說明書之相關細節	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
(iii) Reorganization or material change in any arrangement with lenders, bondholders, financiers or other significant creditors? If yes, attach details. 是否有重整或與貸方、債券持有人、融資機構或其他主要債權人協商重大變更之情事?, 如是, 請提供相關細節	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
a. Is the audit committee of the board of directors currently considering replacing the Organization's outside auditors? If yes, attach details. 審計委員會是否考慮更換外部會計師? 如是, 請提供相關細節	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

b. Past Activities/ Lawsuits/Proceedings: 過去法律活動/訴訟/法律程序																
a. During the last 5 years, has the Organization or <b>Applicant/Insured Person</b> , in any capacity, been involved in any of the following matters? 近五年內組織或要保人/被保險人無論基於何種身分，是否涉入以下事件？																
(i) Civil, criminal or administrative proceeding or formal or informal investigation concerning compliance or noncompliance with any securities law or regulation? 有關遵循或未遵循任何有價證券法律規範而遭受民事、刑事、行政或其他正式或非正式調查？	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>												
(ii) Any other criminal action or proceeding? 任何刑事起訴或程序？	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>												
(iii) Class action, derivative suit or other representative proceeding? 團體訴訟、代表訴訟或其他代理訴訟？	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>												
b. Other than those identified in your response to Section (a), has any claim been brought at any time during the last 5 years against (i) the Organization or (ii) any <b>Applicant/Insured Person</b> in his or her capacity as a director or officer of any entity? 除了(a)所述之外，近五年內(i)組織或(ii)要保人/被保險人是否遭受任何賠償請求？	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>												
If YES to any of the questions above, please give details. 若上述有任何問題的答案為“是”，請於以下空格詳述之。																
5.	<p><b>Current Insurance</b> 目前投保狀況</p> <p>Please provide the following information with respect to any executive/directors and officers liability insurance coverage currently maintained by the Organization or by any <b>Applicant/Insured Person</b> or under which the <b>Insured Person</b> is a beneficiary: 請提供目前由組織或要保人/被保險人所投保或以被保險人為保障對象之董監事責任保險之以下資訊</p> <table border="1"> <thead> <tr> <th>Organization 組織</th> <th>Insurer 保險公司</th> <th>Limit 保險責任限額</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Organization 組織	Insurer 保險公司	Limit 保險責任限額									
Organization 組織	Insurer 保險公司	Limit 保險責任限額														
6.	<p><b>Representation: Prior Knowledge of Facts/Circumstances/Situations</b> 陳述：已知悉之事實/危險情事/情況</p> <p>The <b>Applicant/Insured Person</b> is not aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: 除以下陳述事項外，要保人/被保險人並無已知悉之事實、危險情事或情況合理推定可能導致本保險承保範圍內之賠償請求</p> <p>Without prejudice to any other rights and remedies of the Company, <b>Applicant/Insured Person</b> understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to question 13, any claim or action arising from such fact, circumstance, or situation is excluded from the coverage under any policy issued by the Company. 要保人/被保險人了解並同意，針對已知悉之事實、危險情事或情況所導致之賠償請求，無論是否已於本題陳述，保險人不負賠償責任，亦不影響保險人所得主張之權利或追償。</p>															

**Declaration & Signature/ 聲明事項及簽署**

- We acknowledge that we have read and understood the Important Notices contained in this proposal.  
要保人謹此確認對於要保書中之重要注意事項已充份地閱讀與瞭解。
- We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.  
要保人謹此同意本要保書及隨附之相關資訊或文件，皆為構成保險契約之基礎。
- We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer.  
要保人謹此同意要保書一旦合意，則保險契約將依 Chubb 製發之保險單條款或依書面變更之規定約束雙方。
- We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.  
要保人謹此聲明於本要保書及任何其他附隨之其他文件中之陳述事項、項目、及資訊均屬事實無訛且對重要事項無不實陳述、隱匿或省略。
- We undertake to inform the Insurer of any material alteration to those facts before completion of the contract of insurance/insurance policy period (if applicable).  
要保人謹此同意在保險契約完成前/保險期間結束前(如有適用)，對於任何前開事實之重要變更必通知 Chubb。
- I have reviewed and understood the “Need to Know for the Policyholder”. And according to the “Notifications for Performance of the Obligations under Personal Information Protection Act by Non-Life Insurer”, I confirm that I am fully aware to the purpose and the usage for the Insurer to collect, process and use of my personal information.  
本人已審閱並瞭解 貴公司所提供之「投保須知」，另依「產險業履行個人資料保護法告知義務內容」，本人已瞭解貴公司蒐集、處理及利用本人個人資料之目的及用途。
- I acknowledge that the Insurer has the rights to collect process and use my personal information in accordance with the Personal Information Protection Act.  
本人知悉 貴公司得依「個人資料保護法」之相關規定，於特定目的範圍內對要保人或被保險人之個人資料，有蒐集、處理及利用之權利。

**Print name of Applicant:**

要保人姓名

**Signature:**

簽名

**Date:**

日期

**Print name of Insured Person:  
(not applicable if Applicant is Insured Person)**

被保險人姓名(要保人與被保險人相同時不適用)

**Signature:**

簽名

**Date:**

日期

■ 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

業務員		保險經紀人/代理人簽署章		保險公司受理章	保險公司核保章
登錄證號：	簽名：				

保險單號碼	保險期間	自負額	保險費