



## PRODUCTS LIABILITY ADVANTAGE PROPOSAL FORM

### APPLICANT'S INFORMATION :

#### 申請人資料:

1. Named Insured (Including all Subsidiaries) :

投保公司名稱(包括所有附屬公司) :

\_\_\_\_\_

2. Principal Address :

總公司地址 : \_\_\_\_\_

\_\_\_\_\_

3. Business :

業務性質:

Manufacturer

製造商

Distributor

經銷商

Trading Company

貿易公司

Others

其他

4. How Long has the Insured been in business?

投保公司從事本行業多久?

\_\_\_\_\_

5. Describe all products made / processed or distributed by you.

請詳述投保公司所有生產, 加工, 或經銷的產品。

\_\_\_\_\_

\_\_\_\_\_

### SALES TURNOVER (IN US\$) (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 sales of the coming year and the past 4 years of USA / Canada for each of your product line.

請提供未來一年及過去四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 - 20	20 - 20
產品名稱	來年估計	銷售實數	銷售實數	銷售實數	銷售實數

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



7. Please provide the annual sales of the coming year and the past 4 years to Rest of the World (excluding USA and Canada).

請提供未來一年及過去四年貴公司產品在世界其他地區的銷售金額(美、加、地區除外)

Products 產品名稱	Next Year Est. 來年估計	20 - 20 銷售實數	20 - 20 銷售實數	20 - 20 銷售實數	20 - 20 銷售實數
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Does the above figure reflect your TOTAL company sales? ( ) Yes ( ) No  
 以上數據是否貴公司的全部銷售金額? 是 否

If the answer is “No”, please states the name of designated vendor(s) or provide a full list by attachment. 若 “否” , 請列出指定銷售商的公司名稱或以列表方式附上。

\_\_\_\_\_

**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( ) 您的設計或( ) 買方的設計要求?

\_\_\_\_\_

**VENDOR’S LIABILITY**  
 銷售商的責任

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  
您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)
- 
- D. Do you apply any third-party laboratories/testing center? (Please attach report) ( ) Yes ( ) No  
第三方面獨立實驗室或檢驗中心為您的產品進行檢驗嗎? (請附檢驗報告) 是 否
- If yes, please describe :  
若是, 請說明: \_\_\_\_\_

**LOSS EXPERIENCE**  
**損失記錄**

13. Have you ever experienced a recall or discontinuation of any product? ( ) Yes ( ) No  
貴公司產品是否曾回收或停止使用? 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? ( ) Yes ( ) No  
貴公司曾因您的產品(無論是否被承保)造成的醫療費、身體受傷或財產損失而被索償? 是 否
- If yes, please provide total incurred losses :  
若是, 請提供過去的損失記錄:  
\_\_\_\_\_  
\_\_\_\_\_

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 our 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, 否則承保公司核保人可能會聯絡跟進。



## INSURANCE REQUIREMENT 保險要求

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

If yes, when and why :

若是, 何時, 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 : ( ) Occurrence ( ) Claim Made ( Retroactive Date : )  
保單形式: 事故發生制 索賠發生制(追溯日: )

Current Limit : Current Deductible :  
目前承保限額: 目前免賠額: \_\_\_\_\_

Premium : Period of Insurance 保險期間  
當前保費: From (由): To (至): \_\_\_\_\_

17. New/Renewal Insurance Program :

新造/ 續保保單計劃: \_\_\_\_\_

Limit of Liability Required : Deductible Preferred :  
要求的賠償限額: 提議免賠額: \_\_\_\_\_

### **\*\* Important Note \*\*** 重要提示

Applicant(s) are solely responsible for the correctness of the answers in completing the proposal form, or any other material document. Any incorrect information may result in the contract of insurance being invalidated or void or claims being repudiated.

申請人須完全負責於投保書上填報及提交正確的答案和文件; 任何不確實的資料, 可能導致保單失效、作廢或索賠被拒。

Applicant's Signature : Tel No :  
申請公司負責人簽名: 電話號碼: \_\_\_\_\_

Applicant's Name : Fax No :  
申請公司負責人姓名: 傳真號碼: \_\_\_\_\_

Applicant's Title : E-Mail :  
申請公司負責人職位: 電郵: \_\_\_\_\_

Date Signed : Web Site :  
簽署日期: 公司網址: \_\_\_\_\_