

PUBLIC LIABILITY PROPOSAL FORM FOR DEPARTMENT STORE
商场公众责任险投保申请书

Please note that the information you provide is used to determine your insurance requirements and to assess the premium you will need to pay, therefore, please give fullest information. Thank you.
请注意您所提供的资料将用于决定您的投保申请是否被接受以及如被接受您必须缴付的保险费，因此，请给予最详细的资料。谢谢。

Policyholder Information 投保单位基本信息

Name of Policyholder 投保单位:	
License number 营业执照编号: _____ (Remark: If policy premium over RMB200,000 or US\$20,000, please provide copy of operation license) (说明: 如保费超过 RMB200,000 或 US\$20,000, 请提供营业执照复印件)	
Business Address 办公地址:	Postcode 邮政编码:
Contact Person 联络人:	Contact Tel. No 联系电话:
Fax No 传真号码:	Email Address 电子邮件:

Risk Information 投保资料

- 1 Insured Location 被保险场所 _____
- 2 Please provide brief description of your premises: 请简单描述被保险场所:
No. of stories / floors 被保险场所层楼数 _____
Square meter area of each floor 被保险场所每层楼面积 (平方米) _____
No. of elevators or escalators 电梯及自动升降机数 _____
- 3 Do you own or rent the property? 请问您是财产所有人还是租赁人?
 Own 所有人 Rent 租赁人
If rented, who is landlord? 如是租赁的, 请问谁是房东? _____
- 4 Are there any restaurants of food stalls within your premises? If so please provide description?
在被保险场所是否有餐馆或食街?
如是, 请详细描述: _____
- 5 Please provide description of fire protection available: 请详述保险场所的防火措施:
 Full Sprinklered 全喷淋装置 Partially Sprinklered 部分喷淋装置
 Fire/Smoke Alarm 烟雾报警装置 Other 其它
- 6 Do you have a life safety/evacuation plan? If so, please attach a copy.
请问您是否有安全紧急疏散措施?
如有, 请附上复印件 _____

I/We declare the above statements and particulars to be true and correct, and agree that they shall be the basis of contract between the Company and myself/ourselves.

我/我们就此声明此申请书所填一切都正确无误, 并同意作为我/我们与保险公司之间的合同根据。

In order to protect your own interests, before applying for this Policy, please read carefully the terms and conditions of this Policy especially the exclusions. Please contact our salespersons or call 4008208858 to enquire the terms and conditions of this Policy. Please make sure that you fully understand the explanations of our salespersons. With no enquiry, you are deemed to have fully understood the terms and conditions of this insurance contract. The Application Form, Quotation, policy wording, Schedule, any endorsement attached hereto or marked thereon and any other written agreement shall form integrated parts of this Policy.

为了保障您自身的权益, 请在确认投保本保险前, 仔细阅读理解保险合同的各项规定, 尤其是免除保险人责任的规定。请在投保之前向保险公司业务人员或致电: 4008208858 询问保险合同各项规定, 并听取保险公司业务人员的说明。请确保您对保险公司业务人员的说明完全理解, 没有异议。如未询问, 则视同已经对合同内容完全理解并无异议。

投保单、报价单、保险条款、保险单、批单或批注及其它约定书均为保险合同的构成部分。

申请日期

申请人签名