



商業責任保險詢問表

Commercial General Liability Insurance Questionnaire

填寫時請注意下列事項 Applicant's Instructions:

- 請回答下列問題，若填寫位置不足，請另附其他紙張回答。

Answer all questions. If space is insufficient to answer any questions fully, attach separate sheet.

- 若回答問題的答案為無的話，請答“無”字。請不要用 N/A 或 Not Applicable。

If the answer to any question is NONE, please state NONE. Do not use N/A or NOT APPLICABLE.

Section A – 被保險公司資料 General Data of the Insureds

1. 被保險公司中文及英文全名 Full Name of the Insureds : _____ 稅號 Reg. No. : _____

2. 總公司地址或通訊地址 Principal Address or Mailing Address : _____ 公司網址 Website : _____

3. 被保險公司是否有國內外附屬公司? 若有，請列出名稱及地址 : _____ Yes No

Does the insureds have subsidiaries or divisions? If “yes”, please state :

4. 請選出被保險公司及附屬公司之經營型態 (請打✓) Please tick the business of Applicant and its subs. & assoc. comp. :

- 被保險公司 Applicant 製造商 Manufacturer 經銷商 Distributor 其他 others _____

- 附屬公司 Subs. & Assoc. 製造商 Manufacturer 經銷商 Distributor 其他 others _____

5. 以目前公司名稱生產或銷售欲保險之產品之年數 Years in business under present name : _____ years

6. 以前有無以其他公司名稱從事該行業之經驗? 若有，請說明: _____ Yes No

Prior experience in this business under another name.

7. 以前是否曾於其他保險公司投保產品責任險? 若有，請列出曾提供貴公司產品責任險之保險公司 : _____ Yes No

Have you ever purchased your products liability from insurers? If “YES”, what insurers have provided your products liability cover :

目前保險公司 Current Insurer : _____ 期間 : _____

投保地區 : 美加 (USA/Canada) 日本/澳洲/歐洲 (JPN/AUS/Europe) 其他地區 (ROW) 台灣 (Taiwan)

保險公司 Insurer : _____ 期間 : _____

投保地區 : 美加 (USA/Canada) 日本/澳洲/歐洲 (JPN/AUS/Europe) 其他地區 (ROW) 台灣 (Taiwan)

保險公司 Insurer : _____ 期間 : _____

投保地區 : 美加 (USA/Canada) 日本/澳洲/歐洲 (JPN/AUS/Europe) 其他地區 (ROW) 台灣 (Taiwan)

8. 是否有保險公司註銷或拒絕續保貴公司之產品責任保險? 若有，請說明。 _____ Yes No

Has any insurance company ever cancelled or refused to renew your products liability insurance? If yes, please explain.

9. 本保險預定生效日期 Proposed effective date for this policy : _____

10. 預定投保地區 Areas to be covered :

美加 USA/Canada 日本/澳洲/歐洲 JPN/AUS/Europe 世界其他地區 Rest of World

11. 需要之保險責任限額 Insurance requested Limit of Liability : USD _____ 自負額 Deductible : USD _____

目前之保險責任限額 Expiring insurance Limit of Liability : USD _____ 自負額 Deductible : USD _____

Section B – 產品及銷售資料 Product and Sales Data

1. 請簡要說明 貴公司目前所生產或銷售之**所有**產品 Please state ALL products which at present you produce / distribute :

請注意，任何新增加之產品必須於通知並經本公司同意之後始由保單承保在內。

Please note that any additional product will be covered only from the date on which it is reported to and agreed by the insurance company.

2. 美國及加拿大地區之欲投保產品 - 請列出至少過去二年 (含今年) 及未來一年，要保人在美加地區所銷售或配銷之產品或出口到美加地區之所有產品及各項產品之銷售金額：

USA/Canada Exposures -

list all products sold or distributed by applicant in or exported to USA/Canada territories and sales volume by type of products for past 2 years (including CURRENT YEAR) at least and policy year :

貨幣單位 (Currency) : (USD / VND)

| 產品名稱 Name of Products | 20__ Estimated Turnover | 20__ Actual Turnover | 20__ Actual Turnover | 20__ Actual Turnover |
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3. 日本 / 澳洲 / 歐洲地區之欲投保產品 - 請列出至少過去二年 (含今年) 及未來一年，要保人在日本 / 澳洲 / 歐洲地區所生產、銷售或配銷之產品或出口到日本 / 澳洲 / 歐洲地區之產品及各項產品之銷售金額：

JPN/AUS/Europe Exposures -

list all products manufactured, sold or distributed by applicant in or exported to JPN/AUS/Europe territories and sales volume by type of products for past 2 years (including CURRENT YEAR) at least and policy year :

貨幣單位 (Currency) : (USD / VND)

| 產品名稱 Name of Products | 20__ Estimated Turnover | 20__ Actual Turnover | 20__ Actual Turnover | 20__ Actual Turnover |
|--------------------------|----------------------------|-------------------------|-------------------------|-------------------------|
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4. 世界其他地區 (美國 / 加拿大 / 日本 / 澳洲 / 歐洲地區以外) 之欲投保產品 - 請列出至少過去二年 (含今年) 及未來一年, 要保人在世界其他地區所生產、銷售或配銷之產品或出口到世界其他地區之產品及各項產品之銷售金額:

Non-USA/Canada/JPN/AUS/Europe Exposures -

list all products manufactured, sold or distributed by applicant outside of USA / Canada / JPN / AUS / Europe territories and sales volume by type of products for past 2 years (including CURRENT YEAR) at least and policy year :

貨幣單位(Currency) : (USD / VND)

| 產品名稱 Name of Products | 20__ Estimated Turnover | 20__ Actual Turnover | 20__ Actual Turnover | 20__ Actual Turnover |
|--------------------------|----------------------------|-------------------------|-------------------------|-------------------------|
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於確認上述各項投保產品之過去年度的實際銷售金額無誤後, 請蓋章或簽名 Sign here : _____

5. 以上銷售金額中, OEM 產品所佔之比例。 The percentage of OEM products for the insured products : 90 %

6. 是否要增加經銷商責任? 如要, 請告知下列事項 Yes No

Do you require "Vendors Liability"? If "YES", please kindly advise the following for our reference.

上述產品之銷售金額針對**全部**經銷商或下游廠商。

The Turnover for All vendors

上述產品之銷售金額針對**特定或指定**經銷商或下游廠商, 請提供經銷商之名稱及地址或目前經銷商家數。

The Turnover for designated / specific vendors. Please provide the list of vendor(s) or the number of vendor(s).

特定或指定經銷商家數 Number of Vendors : _____ Vendors

特定或指定經銷商名稱 Designated / Specific vendors List : _____

Section C – 產品之用途及性質 Usage and Nature of your products

1. 貴公司之產品是否作為其他產品之零組件? Is any product sold as components or parts for other products? Yes No

2. 請簡單說明貴公司產品之用途, 但若有作為其他產品之零組件, 請一併說明其最終產品及其相關用途:

Please briefly describe how your products are to be used. If any product is sold as components for other products, please indicate the end products with likely use . :

休閒零食

3. 貴公司之產品是否用於下列項目或與其有關 Could any of your products or services be used on or in connection with :

◆ 航空器/飛彈/太空方面 aircraft/missile/aerospace ? Yes No

◆ 水上或海上交通工具 watercraft or offshore ? Yes No

- ◆ 內陸交通運輸工具 transportation/transit? Yes No
- ◆ 維生、復健設備 life support service? Yes No
- ◆ 藥品、化妝保養品 Drug or Cosmetics? Yes No

4. 貴公司之產品本身或與其他物質結合後會有害人體、易燃或易爆? Yes No
Are any of your products explosive, flammable, or poisonous either by itself or in combination with other materials?

5. 最近五年是否曾受到賠償請求(不論是否理賠)? 如有, 請提供賠案資料: Yes No
Have you ever received any claim for the last 5 years? If so, please provide details.

評估日期 Valuation Date : _____ 請蓋章或簽名 Sign Here : _____

| 年度 Year | 求償金額 (含已賠及未決準備) Claims Reported (incl. Settled/Outstanding) | 賠案處理費用 Legal expense | 原因、發生地區及賠案現況 Cause of Claim、Territory and Status |
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6. 貴公司是否知道或察覺到有任何的意外事故、狀況、產品瑕疵或潛在的瑕疵將會引起賠償請求? Yes No
Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims again you?
如有, 請提供這些潛在的求償案件資料: If "Yes", please provide details.

Section D – 產品設計及品質控制與測試 Product Design and Quality Control and Testing

1. 產品是否由貴公司自行設計? Do you do your own design work? Yes No

2. 產品是否曾接受外界之評鑑、測試或安全規範認證? Yes No
Are your designs subject to independent external review, testing or certification?
若有, 請列舉適用之規範或附上其影本: If "YES", please list the applicable standards or enclose the certification copies.
 CE UL FDA NSF
 Others : _____

3. 產品之設計及製造是否達到或超過各國政府與該產業所訂之標準? Yes No
Are your products designed and manufactured to meet or exceed governments and industry standards?
若有, 請列舉適用之標準或附上其影本: If "YES", please list the applicable standards or enclose the certification copies.
 ANSI ASTM Others : _____

4. 產品測試 Products Testing
- 請簡述產品售前測試 Briefly describe tests applied before sales :
農藥殘留測試,食品添加物殘留測試,大腸桿菌數 合格 測試
- 因品質管理政策於公司內部測試產品所占比率? What percentages are tested because of QC policy?
 全部測試 100% 抽測 Random Inspection _____ %



- 任何指定產品之製造日期? - When any given product item was manufactured? Yes No
- 產品銷售之對象及出售日期? - To whom it was sold, and the date of sale?
 Yes No
- 最後成品之零件及材料的供應商? - who supplied parts and supplies going into the final products? Yes No

4. 處理意外事故之程序 Accident procedure:

- 是否要求經銷商須立即通知貴公司有關產品所引起之抱怨及意外事件之案件? Yes No
Have you made distributors aware of your desire for prompt notice of all complaints, accidents involving your product?
- 處理結果今後是否會用於產品與製造過程之改進? Yes No
Are results used for improving the product/process procedures?

我們殷望根據富邦保險(越南)有限公司產品責任保險單之約定, 就以上所列之責任限額投保本保險, 並恪遵所有與要保業務相關之法律規定。我們進一步宣稱以上之陳述及細節皆為真實並無省略、隱瞞、錯誤陳述任何事項, 並同意以此說明作為與富邦保險(越南)有限公司間契約之基礎並合併為契約之一部份。並同意無論在保險契約成就前後, 若重要事項有變更, 應通知保險公司。

I/We desire to effect an insurance in terms of the product liability policy of the insurance company against the limits of indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/we further declare that the above statements and particulars are true, and I/we have not omitted, suppressed, misrepresented or misstated any material fact and I/we agree that this declaration shall be the basis of the contract between me/us and the insurance company, and be incorporated therein. I/We undertake to inform insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance.

於確認上述資料正確無誤後, 請被保險公司之被授權填表人員於下列欄位簽章

If the above information is true and accurate, please sign here by authorized signature.

被保險人之被授權填表人員簽章 Authorized Signature : _____ (簽名或蓋章) 填寫日期 Date : _____

被授權填表人員職稱 Title / Position of Signee : _____ 連絡電話 Telephone : _____

請一併提供下列產品相關資料, 以利核保

- 產品安全規範合格認證證書 或 公司外部之產品測試報告影印本
- 產品目錄及簡介 (如果沒有公司網站或網站上無被保險產品資訊)

NOTE :

安規認證及外部測試報告是類似 CE、UL、JIS 或 FDA ...等 或 耐壓測試、拉力測試、防水測試 或 過敏性測試 ... 等, 請勿提供 ISO 9000 或 14000 或其他 ISO 與品質安全規範無相關之認證資料

本公司對問卷各項填寫內容, 除作為核保及其他保險程序上之參考外, 不另為其他用途, 並予以保密。