

公众责任险投保单

Proposal Form for Public Liability Insurance

欢迎您到亚太财产保险有限公司投保！

Welcome to Asia-Pacific Property & Casualty Insurance Co., LTD. for your Insurance Application !

在您填写投保单之前，请您仔细阅读保险条款，尤其是免除保险人责任的内容，并听取本保险公司业务人员的说明，如对本保险公司业务人员的说明不明白或有异议的，请在填写本投保单之前向本保险公司业务人员进行询问。待您在充分理解条款后，请如实填写投保单中的各项内容（请在需要选择项目前或对应列的“□”内划X），应确保内容真实可靠。

Before your filling in this Application Form, please assure to have a careful reading on insurance terms, conditions, especially our exclusions and to listen carefully to our certified employee's explanation on your Application as well. If you still feel unclear or have understanding discrepancies, please be sure to make an inquiry with our employee before starting to fill in this noted Application Form. After your fully understanding of our insurance terms and conditions, then you may proceed to fill in each and every item of this Form Fully and Honestly to fulfill your duty to disclose material facts. (Cross where "□" is required)

【关于我司偿付能力说明】截止 2021 年第 1 季度末，我司综合偿付能力充足率为 306.82%，满足监管要求。我司最近一期风险综合评级（分类监管）为 A 类。如您需详细了解有关情况，请登录我司官方网站（<http://www.apiins.com>）“公开信息披露”专栏查询。

续保单号（0602010014911209202000051）

投保人：深圳市东泰国际物流有限公司

被保险人：深圳市东泰国际物流有限公司

the Insured

业务性质：

Nature of Business:

地点：

Location: _

占地面积：

Occupy acreage

预计年人流量

year estimate people runoff

保险期限：12 个月 自 2021 年 06 月 18 日零时起，至 2022 年 06 月 17 日二十四时止（起迄两日均包括在内）
Period of Insurance: Months from to (Both Dates Inclusive)

过往 3 年赔付情况

Past 3 years claims Record:

责任限额 The Limits of Liability	甲、每次事故（事故指不论每次事故或一个事件引起的一系列事故所发生的索赔）赔偿限额： 1000 万
	人身伤亡： 500 万 财产损失： 500 万 每次每人： 100 万
乙、保险期限内累计赔偿限额： 1000 万	
A、In respect of any one accident (the expression "accident" meaning any one accident or series of accidents arising out of one event irrespective of the number of claims that may arise there from) to the sum of _____ (Bodily injury _____; Property damage _____)	
B、During the whole period of insurance to the sum of _____	

费率

Rate:

保险费：7500

Premium:

免赔额：第三者财产损失：CNY1000 或损失金额的 5%，两者以高者为准；第三者人身伤亡：无免赔。

Excess:

因本合同或与本合同有关争议，双方应通过协商解决，协商解决不成，采取下列方式之一解决：

1. ☐ 仲裁 向 _____ 仲裁委员会申请仲裁

2. ☐ 向人民法院起诉

All disputes under this insurance or any thing connected therewith arising between the insured and the company shall be settled through friendly negotiation, where the two parties fail to reach agreement after negotiation, such dispute shall be submitted to:

1. ☐ Court of arbitration

2. ☐ people's court for legal action.

保险处所: 1、深圳市坪山区龙田街道老坑社区荔景北路3号海翔工业园A-2栋301 2、深圳市坪山区龙田街道老坑社区兰竹西路12号裕灿工业厂区B-3栋301、302			
Remarks:			
特别约定: Special provision(s) 1、出险时, 投保人必须是取得有效的工商营业执照、税务登记证、组织机构代码证、消防安全验收合格证, 特许经营场所必须取得相关经营许可证, 否则保险人不承担保险责任。 2、本保单的主险及附加险中, 任何盗窃造成第三者的财产损失为除外责任。 3、本保单项下未列明的投保之场所(包括停车场、游乐设施、观赏水池)及特种设备(包括电梯等升降装置)引起的索赔和赔偿责任本保单项下不予承担。 4、本保单不承保租户/住户/商铺在其经营/管理/居住范围内发生的财产损失。 5、经保险双方协商同意, 一旦发生保险事故, 投保人(或被保险人)应在48小时内向保险人报案(亚太财险24小时报案热线: 95506), 由于未及时报案导致无法确定事故原因或核实损失情况的, 保险人对无法核实的部分不承担赔偿责任。			
条款: 1、石棉除外条款 2、专业责任或产品责任除外条款 3、传染性疾病条款 4、急救费用条款 5、火灾、爆炸、烟熏及水损条款(每次事故限额50万, 累计限额200万) 6、食品、饮料责任条款(每次事故限额20万, 累计限额100万)			
<input type="checkbox"/> 保单请邮寄/送出 Please *post/deliver the policy to our office.		<input type="checkbox"/> 保单到取 I will collect the policy at your office.	
		*请删去不适用之处 Delete whichever is inapplicable *请加√号在适用处 Tick whichever is applicable.	
联系人 Contact Person::		电话 Tel:	手机 Mobile:
地址 Address::		传真 Fax::	
		邮箱 E-mail:	

投保人声明/签章

1、本保险合同由保险条款, 投保单, 保险单, 批单和特别约定组成。 This insurance contract is composed of insurance terms & conditions, insurance application, policy, endorsement and special condition.
2、投保人声明: 本人已收到并仔细阅读了投保险种所对应的保险条款, 贵司已对保险条款中各项内容尤其是免除保险人责任的内容作了明确说明和提示, 本人对保险条款中各项内容及贵司的说明与提示内容完全理解, 没有异议。上述所填写内容均属事实, 同意以此投保单作为订立保险合同的依据。 Applicant's Declaration: I (we) have received, read and understood related terms & condition. The insurer has explicitly explained and specified the terms & conditions, clauses and the application notice of the Policy, especially the exclusions and the obligation of applicant and the insured. I (we) hereby fully understand and agree all the foresaid explanation and specification. I (we) hereby declare that the particulars and statements given above are to the best of my knowledge and belief, true and complete. I (we) agree that this application shall be the basis of the insurance contract between the insured and insurer.
投保人签署/公司盖章 Co. Chop & Signature of Applicant 日期: 年 月 日