



**Covered Locations** (Please attach a list of all locations for which coverage is required in the following format):

承保地點(請列出所有欲投保承保地點)

Company Name 公司名稱	Full Address 詳細地址	Current Land Use 目前土地之使用	Prior Land Use 先前土地之使用	Date Site Acquired 取得該地之日期	Size of Site (acres or ft <sup>2</sup> ) 該地之大小
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Gross Revenues**

總營業收入

Total Gross Revenues for Last Full Year of Account TWD \_\_\_\_\_

去年之總營業收入 台幣

Estimated Gross Revenues for Current Year of Account TWD \_\_\_\_\_

估計今年之總營業收入 台幣

**Business Interruption**

營業中斷

Is Business Interruption coverage required?  YES 是  NO 否

是否欲將營業中斷列入承保範圍?

If so please attach calculations of estimated annual gross profit per Covered Location

如果是的話，請附上承保地點之年度營業毛利估計金額。

**Inception Date** (Please state desired date for policy inception):

起始日期(請寫出保險契約欲生效之日期)

\_\_\_\_\_

**Limits of Liability and Self-Insured Retentions** (Please indicate requested limits and retention levels):

責任限額及自留額(請寫出要求的限額及自留額度)

Limits of Liability Per Loss TWD \_\_\_\_\_

責任限額 每一損失限額 台幣

Aggregate TWD \_\_\_\_\_

累積限額 台幣

Self-Insured Retention Per Loss TWD \_\_\_\_\_

自留額 每一損失自留額 台幣

## ***Previous Insurance***

先前的保險紀錄

Within the past five (5) years has the proposer purchased this type of insurance coverage?

在過去 5 年內，要保人是否有購買此種類之保險？

YES 是  NO 否

*If "Yes", please provide information regarding any such coverage and all available loss information.*

如果是的話，請提供關於此保險及所有損失資訊。

## ***Claims***

理賠

Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the proposer or other party to the proposed insurance?

在過去五年內，是否有任何人對於要保人提出理賠請求或法律訴訟(包括任何法規程序)，且屬於本保險之承保範圍？

YES  NO

Does the proposer or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations?

是否要保人或任何人已知承保地點有任何污染的情形？

YES 是  NO 否

At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured?

在簽署此份要保書時，你是否已知任何可能情形，而導致第三人對被保險人求償的情況？

YES 是  NO 否

*If "Yes" to the three Claims questions above, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.*

如果對於上述三個問題，你的回答是「是」的話，請簡單敘述此理賠或情況。(說明意外事故、位置、日期、及損失種類，等等。)同時，對於任何已經採取為避免或降低未來可能發生類似損失之對策做簡要描述)

## Declaration

聲明

I certify that the information given above is, to the best of my knowledge, accurate. I understand that Insurance Company of North America Taiwan Branch is relying on such information in the issue of an insurance policy. I confirm my understanding that the fact that specific questions have been asked and answered in this Questionnaire does not remove our Company's obligation to inform Insurance Company of North America Taiwan Branch of all other matters, which are material to the risk for which we are seeking insurance.

我保證以上所提供之資料在我所知之範圍內為正確。我了解美商安達產物保險股份有限公司台灣分公司依賴此份資料來處理有關保險契約的事務。我確認這份調查表裡的任何問題及回答，並不會排除本公司對美商安達產物保險股份有限公司台灣分公司關於本保險風險評估重要事項之告知義務。

I have obtained the express consent to the disclosure and use of sensitive personal data from every data subject whose sensitive personal data is supplied in connection with this proposal for the purposes of (a) underwriting the risks and (b) performing any resulting insurance contract.

我已經給予明確的同意得以揭露及使用所有與本保險計劃相關的個人資料於(a)承保風險之核保及(b)執行保險契約所須之行為。

本人(要保人)已受告知並瞭解所投保商品之重要內容及投保須知等相關事宜。

Authorised signatory: \_\_\_\_\_

授權簽署人

Signed: \_\_\_\_\_

簽名

Position: \_\_\_\_\_

職位

Date: \_\_\_\_\_

日期

■ 以下由保險公司及保險經紀人/代理人填寫：

核保人 簽章		保險經紀/代 理簽署人簽章		保險業務員	
				登錄字號：	簽章：