

CHUBB®

美商安達產物保險股份有限公司台灣分公司

Insurance Company of North America, Taiwan Branch

110 台北市信義區信義路 5 段 8 號 10 樓

電話：02-87581800 傳真：02-23551888 免費申訴電話：0800-608-989

如欲查詢本公司資訊公開說
明文件請洽本公司網站或傳
真來函索取
<http://www.chubb.com/tw>

105.01.20 安達商字第 1050016 號函備查

105.05.10 金管保產字第 10502048420 號函核准

本商品經本公司合格簽署人員檢視其內容業已符合保險精算原則及保險法令，惟為確保權益，基於保險業與消費者衡平對等原則，消費者仍應詳加閱讀保險單條款與相關文件，審慎選擇保險商品。本商品如有虛偽不實或違法情事，應由本公司及負責人依法負責。

Chubb COMMERCIAL GENERAL LIABILITY INSURANCE Proposal Form (For Construction Risk) (OCCURRENCE FORM)

安達產物商業綜合責任保險要保書(工程類適用)(事故發生基礎制)

Important: Detailed information and submission of all documents/plans requested will ensure a prompt response.

重要：提供詳盡資料及所有要求提供之文件及計畫將確保獲致保險人迅速之回覆

1. Applicant /Named Insured (Include all Subsidiary Companies) /ID: _____
要保人/被保險人(包含所有附屬公司)(中/英)統一編號
Named Insured is Individual Partnership Corporation Joint Venture Other _____
被保險人係 個人 合夥 公司 合資 其它
2. Mailing Address oft Named Insured: _____
被保險人聯絡地址
3. Business:
事業性質
3.1 Describe in full detail (brochure if available): _____
詳述之(如有公司簡介者,請提供)
3.2 How long in business? _____
經營該事業已多少年?
4. Construction Risk/ Named Insured is 工程風險/ 被保險人是：

4.1. Title of Contract 工程名稱	
4.2. Name(s) of Contractor(s) 承包商名稱	
4.3. Scope of Work 工程內容描述	
4.4. Location of Site 施工處所	
4.5. Contract Value 工程合約總價	
4.6. Name of Principal 業主(定作人)名稱	
4.7. Construction Period 施工期間	Commencement of work 工程起始日期 Maintenance period or testing period 保固期間或試車期間
4.8. Details of Surroundings and Distance to Project Site 專案工地周邊情況描述 (例如: 河流、森林、居住地等) 及其和被保險場所的距離	
4.9. Distance to Principal's Existing Property (if applicable) and its value 與業主既有資產(如有)間的距離及其價值	
4.10. Project Site Protection 現場防護措施	
4.11.If the project involves offshore 如包含離岸作業，請回答	a) Type and/or number of mobile rig/ platform/ vessel 鑽機、作業平臺及船隻的種類和數量

	b) Location/ Distance Offshore 作業位置/離岸距離
<p>Remarks: Enclose copies of following document and files:</p> <p>備註: 請檢附下列資訊:</p> <ul style="list-style-type: none"> - Insurance clause of tender and/or works contract 工程招標或工程合約中之保險條款及相關規定 - Breakdown of price 工程詳細價目表 - General layout, elevation plan 施工圖說 - Work progress chart 工程進度表 - Brochure if available 公司簡介文宣(如有) 	

5. Related Operational Risk if applicable 工程相關的運營風險 (如有)

<p>5.1. Address of Equipment Design, Research and Manufacturing 工程相關設備的設計、研發、生產位址</p>	
<p>5.2. Total Floor Area 總建築面積</p>	
<p>5.3. Details of Surroundings and Distance to Insured Location 周邊情況描述及其和被保險場所的距離</p>	
<p>5.4. Annual Revenue 年營業額</p>	
<p>5.5 Protection (Please describe the information regarding protection facilities, including Automatic Sprinkler, Automatic Fire Detection, Extinguisher, Hydrant, CCTV, 24 Hours Security, Water Tank, Present & Enforced Smoking Control Regulation, Present & Enforced Hot work Permit, Present & Enforced Self Inspection Program, Present & Enforced Fire Protection Maintenance, Present & Enforced Housekeeping Stipulation, The distance between insured location and river / lake / reservoir close to the insured location, etc.) 防護措施 (請說明有關防護措施的資訊, 包括自動灑水系統, 火災偵測系統, 滅火器, 消防栓, 閉路電視監控系統, 24 小時保安, 消防水池, 禁煙措施, 動火加熱</p>	

作業許可和記錄，廠內自動檢查程式和記錄，定期消防設施維護與紀錄，整理、整頓的規章條例與記錄，被保險位址附近的河流、湖泊、水庫離被保險位址的距離等)										
<p>5.6 Do you engage in any of the following operations? 是否參與以下營運？</p> <table border="0"> <tr> <td><input type="checkbox"/> demolition or wrecking 破壞或打撈</td> <td><input type="checkbox"/> use of explosives 使用爆破物</td> <td><input type="checkbox"/> shoring 支撐工程</td> </tr> <tr> <td><input type="checkbox"/> raising or moving 高舉或移動</td> <td><input type="checkbox"/> underpinning 托底工程</td> <td><input type="checkbox"/> tunnelling 隧道工程</td> </tr> <tr> <td><input type="checkbox"/> caisson work 沉箱工程</td> <td><input type="checkbox"/> welding (on premises/off premises) 焊接（營業處所內外）</td> <td><input type="checkbox"/> excavation 挖掘工程</td> </tr> </table> <p>If yes, please provide full details of work undertaken: _____ 如有，請詳述工作內容</p>		<input type="checkbox"/> demolition or wrecking 破壞或打撈	<input type="checkbox"/> use of explosives 使用爆破物	<input type="checkbox"/> shoring 支撐工程	<input type="checkbox"/> raising or moving 高舉或移動	<input type="checkbox"/> underpinning 托底工程	<input type="checkbox"/> tunnelling 隧道工程	<input type="checkbox"/> caisson work 沉箱工程	<input type="checkbox"/> welding (on premises/off premises) 焊接（營業處所內外）	<input type="checkbox"/> excavation 挖掘工程
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6. Insurance 保險

6.1. Policy Period 保險期間	
6.2. Please state hereunder the amounts you wish or requested by Contract to insure and the limits of indemnity required 請註明您希望的或合約要求的保險及賠償限額	
6.3. Deductible/S.I.R. 自負額／自留額	

7. Provide the claims experience of you and the company you took over or merged with for last five years, of which each claim shall include total costs from ground up, inclusive of defence costs and deductible.

請提供過去五年之損失紀錄（請提供含法律費用且未扣除自負額之求償金額），含已為被保險人接管或合併之公司。

Date of Occurrence 意外事故發生日	Describe Occurrence & Injury or Damage 敘述意外事故及體傷或財損狀況	Loss Amount 損失金額	Improvement after Accident 事故後的改善措施

Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you?

是否知悉任何意外事件、狀況或情況、會導致第三人求償？

Yes No (If yes, please attach explanation.) 如有，請附說明

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY. To any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact, the insurer may have the option of avoiding the contract of insurance from its beginning.

敬告要保人：承保之保險條件僅如正式保險契約所載。任何人故意或意圖詐騙任何保險公司或他人，而提交含有任何不實資訊或為求誤導保險公司而隱匿情事之要保書，保險公司得選擇解除保險契約，使其自始不發生效力。

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

擔保：本人向保險公司擔保，本人瞭解並同意前述所提供之資訊均屬實，且將成為本保險成立之要件並為其一部份，保險人據此同意承保並出具正式保險契約。

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。

Name of Applicant 要保人姓名

Title (Officer, partner, etc.) 職稱 (經理人、合夥人等)

Signature of Applicant 要保人簽名

Date 日期

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

簽署本要保書，並不表示要保人、保險公司或保險公司之核保經理人已完成投保或核保；當本要保書所附之保險契約已出具時，本保險始生效力。

■ The following is filled by broker/agent and Chubb 以下由保險經紀人/代理人與保險公司填寫

核保人 簽章		保險經紀/代理簽 署人簽章		保險業務員	
				登錄證號：	簽章：