

承运人责任保险 FREIGHT FORWARDERS LIABILITY INSURANCE

Details of the Applicant 申请人资料

Company Name 公司名称:	<input style="width: 95%;" type="text"/>
Company Address 公司地址:	<input style="width: 95%;" type="text"/>
Tel 电话:	<input style="width: 80%;" type="text"/>
Email 电邮:	<input style="width: 80%;" type="text"/>
Website 网址:	<input style="width: 80%;" type="text"/>
Date Company Established 公司成立日期:	
Please detail names of any trade associations to which you are affiliated: 请细述所属同业公会的名称:	<input style="width: 95%;" type="text"/>
Please provide Organisation Registration Code and a copy of Business Licence: 请提供企业组织机构代码证和营业执照副本	
Please provide the details of any subsidiary, affiliated or associated companies which you wish to include in the insurance: 请提供你希望加进保险的子公司, 附属公司或关联公司的详细资料:	

Please show which activities you require insurance for: 请显示你要求的保险的活动内容

Ocean Freight Forwarder as Agent/海运货运代理	<input style="width: 95%;" type="text"/>
Ocean Freight Forwarder as Principal / Multimodal Transport Operator 海运货运委托方/多式联运经营者	<input style="width: 95%;" type="text"/>
NVOCC (Non Vessel Owning Common Carrier)/无船公共承运人	<input style="width: 95%;" type="text"/>
Air Cargo agent/货物代理	<input style="width: 95%;" type="text"/>
Air Freight Forwarder operating under own House Air Waybill/空运单的货运代理	<input style="width: 95%;" type="text"/>
In-transit Warehousing/Packing and Consolidating/仓储/拆箱和拼箱的运输	<input style="width: 95%;" type="text"/>
Long-term Warehousing/ 长期仓储	<input style="width: 95%;" type="text"/>
Road Transport Operations / 陆路运输业务	<input style="width: 95%;" type="text"/>
Customs Agent /报关代理	<input style="width: 95%;" type="text"/>
Container Terminal Operator/集装箱码头运营商	<input style="width: 95%;" type="text"/>
Stevedore/Terminal Operator/装卸/码头运营商	<input style="width: 95%;" type="text"/>
Total must be 总和须等如	100%

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Personnel Details: 人员详细资料

Please list your directors/partners and/or senior managers noting their professional qualifications and/or numbers of years' experience:/请列出你的董事/合作伙伴和/或高级管理人员，并且注明他们的专业资质和/或经验年数:

Name 全名	Professional Qualifications 专业资格	Years of Experience 年资

Number of Senior Managers:/高级管理人员人数:

Number of Clerical Staff:/文职人员人数:

Number of Manual Staff:/技术人员人数:

Total Number of Employees:/总雇员人数:

Financial Details: 财务资料:

Currency of GFR 毛运费收入币种:

This shall apply to financial figures in the rest of this proposal 这适用于本投保书以下的财务资料。

Please state your estimated GFR for the current financial year 本财政年度的估算毛运费收入:
and/or TEUs 或标准集装箱数目:

Please state your estimated GFR for the coming financial year 下财政年度的估算毛运费收入:
and/or TEUs 或标准集装箱数目:

Please state your GFR for the previous financial year 上财政年度的估算毛运费收入:
and/or TEUs 或标准集装箱数目:

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Please estimate the percentage of your annual traffic to or within each of the following areas: 请估计下列区域年运输量的比例:

Western Europe/西欧		Australasia/澳大利亚:	
Eastern Europe/东欧		Indian Sub-continent/印度次大陆	
North America/北美		Southern Africa /南非	
Central and South America/ 中、南美洲		Central and North Africa/ 中、北非洲	
Middle East/中东		Iran / Syria / Yemen 伊朗/ 叙利亚/也门	
Far East/远东		Iraq / Afghanistan 伊拉克/ 阿富汗	
China/中国		Other Territories/ 其他地区	
(Totals must equal 100%)总数必须等于 100%			
Global Coverage, please tick if yes 如需全球保障, 请√			<input type="checkbox"/>
Coverage in China only, please tick if yes 如只需中国境内保障, 请√ If answered "yes", policy liabilities shall be limited to those of China Maritime Law Chapter IV Contract of Carriage of Goods by Sea unless otherwise agreed. 如回答“是”, 除另约定外保险责任限于中国海商法第四章所列。			<input type="checkbox"/>

Insured Activities 投保业务内容

Please advise what percentage of your annual throughput and/or GFR is provided by; 请告知年运输量和/或所提供毛运费收入的比例:	
Sea Traffic:/海上运输 %	
Air Traffic:/空运 %	
Rail Traffic:/铁路运输 %	
Road Traffic:/公路运输 %	
Inland Waterways:/内路水运 %	
In-Transit Warehousing:/仓储运输 %	
Customs Agent: /海关代理 %1	
Packing and Consolidating:/拆箱和拼箱 %	
Do you operate a warehouse or a storage yard?/你是否经营仓库或堆场	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>

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If so, please complete the following Warehouse and Terminal Details 如是，请完成以下仓库和码头资料

Warehouse and Terminal Details 仓库和码头资料

Please provide the address of the location:/请提供位置的地址:	1. 2. 3. 4. 5.	
Do the premises have sprinkler protection?仓库是否有喷淋保护装置?		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Please list any other fire protection:请列出其它的消防保护:		
Do the premises have a burglar alarm system?仓库是否有防盗报警系统?		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Do the premises have a closed circuit TV system?仓库是否有闭路电视系统?		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Do the premises have a watchman / security guard;仓库是否有门卫/保安;		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
a) During working hours?只在办公时间内? Yes 是 / No 否		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
b) 24hr a day / 7 days a week? 全年整天 24 小时无休? Yes 是 / No 否		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Please list any other premises protection: 请列举仓库的其它保护措施:		

Storage Details 仓储资料

Please advise the MAXIMUM value of goods in the premises at any one time: 请告知单一仓库的最大仓储量金额:	
Please advise the AVERAGE value of goods in the premises at any one time: 请告知单一仓库的平均仓储量金额:	
Please which of the following services you provide:/你提供以下哪些服务:	
In-Transit Storage 储存运输:	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Temperature Controlled Storage 温控储存:	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Long Term Storage 长期货物储存:	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Consolidation and Packing 拼箱和拆箱业务:	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Customs Clearance 报关业务 :	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>

What percentage of your annual GFR/Throughput results from carriage of cargo which is: 年毛运费收入/货物运输量的比例:

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Containerized:集装箱	% Approximate number of TEUs:/标准箱数量	
Palletised:托盘式	% Approximate tonnage:/约吨数	
Break bulk:散杂货	% Approximate tonnage:/约吨数	
Oversized/Outsized Cargo 超大货物	% Approximate Tonnage:/约吨数	
(Totals must equal 100%)总数必须等于 100%		

Please indicate what percentage of your annual GFR is represented by: 请列出以下货物年毛运费收入的比例:

Refrigerated Cargoes/Temperature Controlled Cargoes and Perishable Cargoes:	%	
冷藏货物温控货物和易腐货物:	%	
Tobacco Products:烟草产品	%	
Bottled Spirits: 瓶装酒	%	
Tank Containers:集装罐	%	
Pharmaceuticals:医药品	%	
Dangerous Cargo:危险货物	%	
Project Cargo:项目工程货物	%	
Electronic Goods including computers, audio/visual equipment, mobile phones, etc: 包括电脑, 音频/视频设备, 移动电话等电子货物	%	
Other High Value Goods:其它高价值货物	%	
General Cargo/Other Cargoes 其它货物	%	
(Totals must equal 100%)总数必须等于 100%		

*Please indicate the percentage of trading conditions of business and documents you currently use:
请指示您当前使用的商业贸易条件和文件的百分比:*

Own Trading Conditions 自有交易条件	%	
National Forwarding Association Conditions 国际货运协会条件	%	
National Haulage Association Conditions 国际运输协会条件	%	
FIATA Bill of Lading or Air Waybill/FIATA 提单或空运单	%	
CMR/CIM Consignment Note/CMR/CIM 托运单	%	
Other (please specify)其它 (请说明)	%	

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Sub-contractors 外包

Please state the percentage of your annual GFR paid to sub-contractors in the following services; 请说明下列服务中，你支付给外包商的年毛运费收入的比例：	
Road Hauliers:公路货运商	%
Warehouse Operators: 仓库营运商	%
Consolidators/Packers: 拼箱/拆箱人员	%
Do you contract on a back to back basis with sub-contractors? 你是否和外包商签订合同？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Please advise what percentage of your operation is sub-contracted: 请告知你分包经营的比例：	%
If you sub-contract part of your traffic;如果你的运输量是外包的：	
a) Please advise whether you check sub-contractors insurance arrangements prior to using their services:/请告知在使用他们的服务前，你是否检查过外包商的保险安排	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
b) Please advise whether you obtain an insurance certificate from your sub-contractors:/请告知你是否获得分包商的保险凭证：	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Do you park laden trailers at a secure parking area overnight? 你是否将拖车整晚停靠在一个有安全措施停车区？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
If so, please complete the Warehouse Operator's Supplement/如果是，请补充说明仓库操作营运的守则	

Previous Insurance 保险经验

Are you currently Insured with this type of cover?你目前有投保这种类型的保险吗？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Have you ever had this type of cover before?你过去有投保过这种类型的保险吗？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Have there been any claims against you or any circumstances that would give rise to a claim against you within the last 5 years? 在过去 5 年内，曾否有事故引起有人向你索赔？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
If "Yes" please provide details on a separate page.如“是”，请另外的页面提供细节。	
Has any Insurer ever declined to insure you?是否有保险公司拒保你的投保？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
If "Yes" please provide details on a separate page.如果“是”，请在另外的页面提供细节。	
Has any Insurer ever cancelled your insurance?是否曾有保险公司撤销你的保险？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
If "Yes" please provide details on a separate page.如果“YES”，请在单独的页面提供细节。	

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Has any Insurer previously imposed any special terms or penalties 之前是否有保险公司 实施特别条款或处罚	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
If “Yes” please provide details on a separate page./如果“是”，请在另外页面提供细节。	
Please state what limit you require?请申报要求的保险金额?	
Please state what deductible you require?请申报要求的免赔额?	

Declaration and Signature 声明和签字

We hereby apply for the insurance through Chang Cheng Insurance Brokers Limited Huadong Branch and Bestfi Insurance Brokers Limited, Hong Kong to be the insurance intermediary as the law applies. 按适用法律，本司委托长城保险经纪有限公司华东分公司或香港卓才保险经纪有限公司为本保险经纪人。

Name: /姓名:

Position:/职位:

Signed:/签署:

Date:/日期:

Telephone: /电话

Email: /电邮

Explanatory Notes 注释:

1. GFR – Gross Freight Receipts, 毛运费收入
2. FIATA – International Federation of Freight Forwarders Associations, 国际货运代理协会联合会
3. CMR – Convention on the contract for the international carriage of Goods by Road, 国际公路货运合同公约
4. CIM – Contract of International Carriage of Goods by Rail 国际铁路货物运输合同
5. Between Yes/No, please tick V the appropriate 在是/否间请剔V适用者
6. In case of insufficient space, please provide information in a separate page 如空间不足，请另页提供资料