



Grand Trust UNDERWRITERS
(Operated By TRADESKY LTD.)

PRODUCT LIABILITY INSURANCE QUOTATION 產品責任保險

(中文譯本只供參考之用, 所有問題必需以英文作答)

- 1 **Named Insured (include all Subsidiary Companies) 投保公司 (包括所有附屬公司)**

Principal Address 地址

- 2 **Named Insured is: 公司類別**
 Individual 獨資 **Partnership 合資** **Limited Liability Co. 有限公司**

Business 公司性質:

Manufacturer 制造商 **Distributor 分銷商**

Trading Company 出入口公司 **Others ()其他**

- 3 **Does the Named Insured have operations in USA/Canada? (Please Provide Details)**
在美國或加拿大有沒有辦事處 ?

- 4 **Describe all products made / processed or distributed by you.**
需要投保之產品

How many years have the Name Insured been manufacturing/handling this product? 貴公司生產此產品已經多少年 ?



- 5 **Are the products end products or component parts of an end product?**
投保之產品是否最後制成品？
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-
- 6 **Are products designed by the Name Insured or are they OEM?**
產品是否由投保公司所設計？
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-
- 7 **Do you require Vendors Liability? (Please provide details of the Vendors)**
此保險是否因應客戶要求而投保？
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- 8 **Describe the product quality control operation of the Insured? If applicable, please attach reports from any third-party laboratories/testing centre.**
投保公司之質檢是否由內部負責？有否僱用獨立公司作產品測試？
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- 9 **Does the Insured's products meet / exceed any mandatory or voluntary standards? (Examples – EN71, ASTM, CSA, CE, UL etc.)**
產品有否符合任何國際標準？(如 EN71, ASTM, CSA, CE, UL)
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- 10 **Please provide the expected/previous sales for each of your products:**
請提供未來一年及過去一年的總銷售金額

USA/Canada 美國 / 加拿大

Products	Year	Year	Year
Total:			



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- 16 **In the past 5 (FIVE) years, have there been any Government-mandated Recall, Safely Problems, Reported Incidents or Claims Filed against any of your products in any part of the world? (Please provide details)**
過去五年之內,貴公司之產品有否曾引致意外? 或因安全理由而需要回收?

Limit of Liability Requested: _____ **AOA & AOP**
所需要之投保金額

******* IMPORTANT NOTE 請注意 *******

Please provide copies of Product Catalogue/Photo, Test Report, Instructions and Warning/Labels.

Samples of your product might be requested by the Insurance Company
請提供產品照片, 測試報告, 証書, 使用說明書 及警告標語的副本各一份
保險公司有可能要求產品樣本

Date: _____

Company Representative: _____

Title: _____

Signature or Chop _____

Contact Number: Tel: _____ **Fax:** _____

**** For any questions regarding the Product Liability Insurance and the quotation form, please call Mr. James Ho and Mr. Raymond Chan at:(852)2526-6674 or fax to (852)2868-1759**