

**ZURICH**

苏黎世保险

苏黎世中国人身意外伤害团体保险投保单（自选式）**Zurich China Group Personal Accident Insurance Application Form (Tailor-made)****投保须知 Important Information**

1. 为了维护您的利益，请仔细阅读投保须知、投保人/被保险人声明、保险责任，尤其是责任免除部分条款内容，并听取业务人员的说明。如对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业务人员进行询问，如未询问，视同已经对条款内容完全理解并无异议。请详细填写投保单上所需资料，并亲笔签名确认。For your own benefit, please read the Application Guide, Applicant / Insured Declaration and benefits, especially the exclusion terms carefully and make sure to understand the explanation from service person, if anything unclear or dissent, please enquiry before fill this application. No enquiry is deemed as understand and agree with the terms and conditions entirely, then please complete the application form and sign below.
2. 若本投保单英文译本与中文有异，以中文版本为准。Should there be any inconsistency between Chinese and English version of this application form, the Chinese version shall prevail.
3. 被保险人的投保年龄：16-80 周岁，以投保时被保险人的周岁年龄为准。其中 60-80 周岁的被保险人投保，需经过保险公司的特别审核。Insured Persons must be from 16 to 80 years of age inclusive upon application. The Insured Person aged from 60 to 80 years old can only be insured upon the company acceptance.
4. 在中国法律允许或要求的范围内，客户同意或授权投保公司将其个人信息及其保单信息提供给北京意外及健康保险信息平台以作合理利用。如果填写手机号码我们将为您提供免费的投保短信提示。Insurer is permitted or authorized to provide client's personal and policy information to Beijing Casualty and Health Insurance Information Platform for reasonable usage within the scope of Chinese laws and regulations. We will provide free application tips via text message if applicant provides his/her mobile numbers.

投保人基本信息 Basic Information of Policyholder

投保人名称 Name of Policyholder		组织机构代码 Registered Number
业务性质 Nature of Business	年营业额 Yearly Turnover	在册总人数 Number of Employed
注册地址 Registered Address		邮政编码 Postcode
联系人姓名 Contract Person	联系电话 Tel No.	传真号码 Fax No.
电子邮箱 E-mail		

投保资料 Policy Information

保险期间 Period of Insurance	自 From _____ 00: 00 时起 至 _____ 24: 00 时止 (年/月/日 YY/MM/DD) (年/月/日 YY/MM/DD)		
身故保险金受益人 Beneficiary	<input type="checkbox"/> 法定继承人 Heir at Law <input type="checkbox"/> 具体内容见受益人清单 (If Not Assigned, Deem The Payment As Heritage) Specify In The Beneficiary List		
保障等级划分标准 Grading Standards	<input type="checkbox"/> 统一标准 Uniform <input type="checkbox"/> 按职务等级 By Title <input type="checkbox"/> 按工种 By Job <input type="checkbox"/> 其它 Others		
投保人员分类 Employee Classification	被保险人总数 Total Number of Insured Person	人均月收入 Average Monthly Income Per Person	拟选保障方案 Preferred plan
被保险人清单详见附件 The Insured Information List As Attachment			
被保险人年龄 Age of Insured 16-60 周岁人数: _____ 61-70 周岁人数: _____			

保障方案 Coverage

保障项目 Benefits	每一被保险人保险金额/津贴日额 (人民币: 元) Sum Insured / Daily Allowance for Per Insured Person (RMB: Yuan)		
	方案 A Plan A	方案 B Plan B	方案 C Plan C

特别约定 Special Conditions			

既往告知 Past Experience

(1) 是否有智能障碍, 身体残障、畸形或机能障碍的被保险人? Is the person to be insured to the best of your knowledge in mental retardation, physical deformity or dysfunction?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
(2) 过去三年是否有员工/成员因意外导致伤亡或残疾? 如果有, 请提供详细信息 (事故发生年月/事故原因/伤亡人数/保险公司支付赔款的情况)。Have any employees/members suffered any accident leading to death or disability during the last 3 years? If yes, please give details (year and month of accident/cause of accident/number of injured persons/ indemnities paid by the insurance company if coverage was in place)	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
(3) 是否有被保险人因公派往其他国家或地区?若“是”, 请在说明栏中告知拟前往的国家或地区名称、拟派出时间及前往原因。Does any insured presently plan to go to other countries or regions on business purpose? If yes, please elaborate name of the country or region, period for residency and reasons for heading.	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
(4) 在过去的三年间, 是否曾在投保意外险时被保险公司拒绝投保申请? 或被保险公司拒绝保险单续保? 或曾被保险公司解除/终止合同? 或曾被保险公司要求加费或附加特别约定方可承保? Have any insurance company for last 3 years declined your accidental coverage application? Refused to renew your insurance policy? Cancelled/terminated your insurance policy? Increased the premium and/or imposed special terms?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
备注 Remark	

投保人声明 The Policyholder Declaration

<p>1. 本公司/单位确认: 苏黎世财产保险(中国)有限公司(以下简称“贵公司”)及其代理人/代理公司已提供本公司所投保产品条款, 对条款内容尤其是免除保险人责任条款进行了明确说明, 本公司/单位对所投保产品条款已认真阅读、理解并同意遵守, 本合同中所有免除贵公司责任的条款均具有约束力。就本保险中各项保障(尤其是身故保险)及保险金额、涉及被保险人权利义务的事宜, 本公司/单位已告知相关被保险人, 并获得其同意。We hereby declare that Zurich General Insurance (China) Company Limited and its agent has provided us with the whole wordings and clear explanations on all coverage and clauses, especially on the exclusion terms. We have read the wording carefully and agreed to comply with. All exclusions stated in the policy have legal binding force. About the insured person's coverage and sum insured especially of death and terms relevant to insured person's rights and liabilities, we have notified the individuals and affirmed their agreement.</p> <p>2. 本公司/单位同意此投保单为本公司/单位与贵公司订立保险合同的根据。本公司/单位特此声明: 投保单内所填报之资料, 据本公司/单位所知并确定全部真实且正确无误。We hereby agree that this Application Form shall be the proof of the contract between Zurich General Insurance (China) Company Limited and us. We declare that the statements made in this application form are true, correct and complete to the best of our knowledge.</p> <p>3. 本公司/单位同意凡随本投保单已提出申请投保的成员或在保险期间内可能提出申请投保的成员, 都必须为投保人符合被保险人资格的成员。凡投保人或被保险人提供的被保险人资料或之后的变更, 均视为本投保单的部分, 也是贵公司核保的基础。We hereby agree that the Insured Persons must be the eligible persons so as defined in the Policy. The statements and information given or to be given regarding the Insured Person(s) will form a part of the basis of the Policy, and shall form a part of the basis for underwriting the policy.</p> <p>4. 本公司/单位同意, 且将告知各被保险人并征得其同意, 贵公司为本保险的目的收集或持有本公司/单位的资料及有关各被保险人的个人资料(该资料不论是从本投保单上或其他地方所获取)并授权可由贵公司或任何与贵公司有关的机构或其他人士(不论在中国或海外地方)持有、转告, 及用于(1)处理及审核本投保单或其他保险事宜; (2)提供与该保险有关之服务; 及(3)与本公司/单位或相关被保险人联络的用途。We hereby declare and agree that any personal information collected or held by the Company (contained in this application form or otherwise obtained) may be held, used and disclosed by the Company, individuals or organizations associated with Zurich General Insurance (China) Company Limited (within or outside China) for the purposes of (i) processing this application and other insurance related matters, (ii) providing insurance services & (iii) communicating with the Policyholder or the Insured Person(s).</p>	
投保人签章: Signature of Policyholder (With Company Seal)	法人代表或指定授权人签章: Signature of Legal Representative or Designated Authorized Person
签署日期: Date Signed	签署日期: Date Signed