

苏黎世中国商务旅行保险投保单——商旅易团体保障计划（自选式）
Zurich China Business Travel Insurance Application Form -BTA Group Plan (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：18-80 周岁，以投保时被保险人的周岁年龄为准。其中 71-80 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 18 to 80 years of age inclusive upon application. The Insured Person aged from 71 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
注册地址 Registered Address	邮政编码 Postcode
业务性质 Nature of Business	年营业额 Yearly Turnover
联系人姓名 Contract Person	联系电话 Tel No.
电子邮箱 E-mail	传真号码 Fax No.
注册总人数 Number of Employees	

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 Specify in the Beneficiary List (如未勾选，身故保险金视为被保险人遗产) (If Not Assigned, Deem the Payment as Heritage)
投保方式 Application Mode	<input type="checkbox"/> 每次旅行申报 Prior-Trip declaration 如勾选，请选择保险费缴付方式 Premium Payment Frequency <input type="checkbox"/> 每次旅行前缴付 Prior-Trip <input type="checkbox"/> 月缴 Monthly <input type="checkbox"/> 每人全年保障 Annual Premium Per Person

被保险人清单详见附件 The Insured Information List As Attachment

保障方案及保险费 Insured Coverage and Premium

保障项目 Benefits	每一被保险人保险金额（人民币：元） Sum Insured for Per Insured Person (RMB: Yuan)		
	最低投保金额 Minimum Sum Insured	最高投保金额 Maximum Sum Insured	投保金额 Sum Insured Needed
旅行意外残疾及身故 Travel Accidental Death and Disablement	100,000	1,000,000	
旅行特定事故意外伤害保障 Travel Extra Accidental Indemnity Due to Specific Named Perils	公共交通工具 Accident on Public Common Carrier	100,000	1,000,000
	抢劫意外伤害 Accident During Robbery	100,000	1,000,000
境外旅行疾病医疗费用 Overseas Travel Disease Medical Expenses —每次免赔额 元, RMB deductible per incident —意外复诊费用限额: 保险金额的 10% Sub-limit for follow-up medical expense due to accident: 10% of the sum insured	50,000	1,000,000	
境内旅行紧急医疗费用 Domestic Travel Medical Expenses —每次免赔额 元, RMB deductible per incident —其中急性病医疗补偿赔偿限额: 元 Sub-limit for acute illness medical expense: RMB	5,000	100,000	
安排紧急医疗转运/运返 Emergency Medical Evacuation/Repatriation	100,000	1,000,000	
安排遗体送返 Repatriation of Mortal Remains -其中丧葬费限额为 元 Sub-limit for funeral fees is RMB	20,000	300,000	
安排亲友探病 Compassionate Hospitalize Visit	10,000	10,000	
安排同行子女或老人返回 Return of Unattended Children and Aged	25,000	25,000	
旅行紧急住院津贴（每天）Travel Emergency Hospital Cash Allowance (Per Day) 最多赔付 30 天，3 天免赔 Up to 30 days and 3 days deductible	0	500	
旅行身故恩恤及紧急启程 Travel Compassionate Death Cash and Visit	身故恩恤金 Compassionate Death Cash	0	50,000
	紧急启程保险金 Compassionate Visit	0	20,000
旅行意外失能保障（每天）Travel Loss of Income Protection (Per Day) 最多赔付 90 天，3 天免赔 Up to 90 days and 3 days deductible	0	500	
旅行个人现金遗失 Travel Loss of Personal Money	1,000	3,000	
旅行信用卡保障 Travel Credit Card Protection	0	100,000	

旅行证件及行李损失 Travel Loss of Travel Document and Personal Baggage	行李物品损失 Personal Baggage Cover -每部手提电脑最高赔偿金额为保险金额 Maximum limit for laptop computer is the sum insured -每件行李或每套物品最高赔偿限额为人民币 2,500 元 Maximum limit per item or set of items is RMB2,500	1,000	10,000	
	证件及/或旅行票遗失 Loss of Travel Document and/or Travel Ticket	1,000	10,000	
旅程及行李延误 Travel and Baggage Delay	旅程延误 Travel Delay -延误六小时赔偿人民币 300 元 RMB300 for each and every full 6 hours of delay	600	1,500	
	额外住宿费用保险金 Extra Hotel Costs -误超过六小时 Delay more than 6 hours	1,000	3,000	
	更改行程保险金 Extra Re-routing Costs -误超过六小时 Delay more than 6 hours	1,000	10,000	
	行李延误紧急购物 Emergency Purchases -误超过六小时 Delay more than 6 hours	500	2,000	
旅行家居财物盗抢损失 Travel Loss of Home Content due to Burglary -每次免赔额 元 RMB deductible per incident	0	20,000		
旅行取消行程 Cancellation of Travel Trip	0	20,000		
旅行缩短行程 Curtailment of Travel Trip	0	50,000		
境外旅行缺席活动保障 Overseas Travel Missed Event Cover	0	3,000		
旅行个人责任 Travel Personal Liability	100,000	1,000,000		
旅行 ATM 提款抢劫保障 Travel ATM Withdrawal Robbery Cover	0	5,000		
旅行绑架及非法拘禁 Travel Kidnapping and Illegal Detention	0	300		
旅行核心员工招聘费用 Travel Core Staff Recruitment Costs	0	20,000		
旅行信用卡盗刷保障 Travel Credit Card Stolen Brush Cover	0	20,000		

商务旅行资料及既往情况告知 Business Trip information and Past Experience

预计本保险年度商务旅行总人数 Estimated no. of persons traveling	预计本保险年度商务旅行总天数 Estimated total no. of business travel days	平均每人每年出差次数 Average no. business trips per person per year
平均每次商务旅行天数 Average business trips duration	预计最长商务旅行天数 Estimated maximum days of business travel	预计一次最多出差人数 Estimated maximum no. of persons in same trip
旅行目的 <input type="checkbox"/> 学习培训 Training <input type="checkbox"/> 劳务输出 Labor <input type="checkbox"/> 工程项目管理 Engineering Project Management Purpose of Travelling <input type="checkbox"/> 商务考察/会议 Business meeting <input type="checkbox"/> 其他 Others		
旅行目的地 Usual Destination		
过去三年是否有员工/成员投保同类型保险产品有任何赔偿? 如果有, 请提供详细信息 (事故发生年月/事故原因/赔款的情况)。 Any claim experience during the last 3 years for similar insurance products? If yes, please give details (year and month of accident/cause of accident/ indemnities paid by the insurance company if coverage was in place)		是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
备注 Remark		

投保人声明 The Policyholder Declaration

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 the terms relevant to insured person's rights and liabilities, we have notified the individuals and affirmed their agreement.

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.

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.

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).

投保人签章: _____ 法人代表或指定授权人签章: _____
Signature of Policyholder (With Company Seal) Signature of Legal Representative or Designated Authorized Person

签署日期: _____ 签署日期: _____
Date Signed Date Signed