**KCCI\_CGL (COMMERCIAL GENERAL LIABILITY) PROPOSAL FORM**

**(대한상공회의소\_영문 영업배상책임(CGL)단체보험료 견적용 설문서)**

If you send this quotation questionnaire to the KCCI deduction center below, we will inform you of the insurance premium. (Fax or e-mail)

(본 견적용 설문서를 아래의 대한상공회의소 공제센터로 보내주시면 보험료를 안내해 드리겠습니다(Fax 또는 E-mail송부))

**• Fax: 070-7614-3422 • Tel: 02-6050-3868 • E-Mail: insure2**[**@korcham.net**](mailto:pPLlcenter@korcham.net)

**\*** The details of this questionnaire, including the markings, are basic data for calculating insurance premiums, so you must fill it out accurately.

**(\*표시 사항을 비롯한 본 설문서 내역은 보험료 산출을 위한 기초 자료이므로, 정확하게 기재하셔야 합니다.)**

**Applicant's Instructions(계약자 사항)**

-----------------------------------------------------------------------------

1. Answer all questions. (모든 질문에 답해주십시오)

2. If space is insufficient to answer any questions fully, attach separate sheet.  
(충분한 답변을 하기에 공간이 부족하면 별도 양식으로 작성해주십시오)

3. Application must be signed and dated by owner, partner or officer.

(설문서는 소유자 또는 동업자, 담당자가 필히 서명하고 날짜를 기입해야 함)

4. If the answer to any question is none, state NONE.

(질문에 대한 해당사항이 없을 경우 None으로 명기)

5. Please do not complete application earlier than 45 days before submission to us.

(설문서는 제출일로부터 45일 이내에 작성된 것이어야 함)

**PLEASE TYPE OR PRINT**

**1**. **General Section(일반사항)**

a. Applicants name(계약자명) :

b. Mailing Address (주소) :

Country(국가) :

c. Applicant is : (계약자는)

□ Individual □ Partnership □ Corporation □ Other

(개인) (합명회사) (법인) (기타)

d. Does applicant have operations in U.S.A ? □ Yes □ No

(계약자는 미국 내에서 영업하시고 계십니까?)

If 'Yes', please explain :

(만약 그렇다면 상세내용을 설명해주세요)

e. Person in Charge (보험담당자정보)

-Name(성명/직위/부서):

-Tel 1(회사연락처1):

-Tel 2(회사연락처2):

-Fax(회사 팩스):

-Email(회사 이메일):

-Fax (회사 팩스):

**2. Risk You Require to Cover(담보 위험)**

1. Describe the risks you require to cover(담보받고자 하는 위험을 기술하십시오)

□ Premises/Operations Liability □ Contractual Liability

(시설/영업활동 배상책임) (계약상 배상책임)

□ Products/Completed Operations □ Owner’s Protective Liability

(생산물/완성작업위험 배상책임) (임차자배상)

□ Seepage/Pollution Liability □ Bodily Injury

(누출/오염 배상책임) (신체상해)

□ Property Damage □ Personal Injury

(재물손해) (인격침해)

□ Advertising Injury □ Medical Expenses

(광고침해) (구내치료비)

□ Others (기타)

b. Limits of Insurance (보상한도액)

General Aggregate Limit(총보상한도)

(Other than Products/Completed Operations) (생산물/완성작업위험 제외)

Products/Completed Operations Aggregate Limit

(생산물/완성작업위험 총보상한도)

Personal/Advertising Injury Limit

(인격/광고 침해 보상한도)

Each Occurrence Limit

(각 사고당 보상한도)

Fire Damage Limit

(화재 보상한도)

Medical Expense Limit

(구내치료비 보상한도)

c. Deductible Prepared for Each/Every Occurrence/Claim (최소$1,000)

(자기부담금)

**3. Details about premises / Annual Turnover / Contract Amount**

**(시설내역 / 연간 매출액 / 계약 금액)**

1. Details about premises : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Location/Size(m3)/Use)

1. Annual Turnover /Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contract Amount : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Current CGL insurance status **(CGL 가입이력)**

a. What insurers have provided your commercial general liability ?

(어떤 보험회사에 영문영업배상책임보험을 가입하셨나요?)

* Please attach current schedule of program

(※ 현재 보험프로그램을 첨부하여주시기 바랍니다.)

1. Insurer : Years :

(보험회사) (가입연도)

2. Insurer : Years :

3. Insurer : Years :

4. Insurer : Years :

b. Proposed effective date for this insurance (보험 개시일): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

※If no mention, policy inception to be applied (명기하지 않을 경우, 청약서 제출일)

c. Limits of Liability (보상한도액)

|  |  |
| --- | --- |
| INSURANCE REQUESTED  (요청 보상한도액) | PRESENT INSURANCE  (현재 보상한도액) |
| U.S.$ | U.S.$ |

d. Has any insurer ever cancelled your general liability ? □ Yes □ No

(보험회사에서 영문영업배상책임보험을 취소한 적이 있습니까?)

If 'Yes', please explain : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(만약 그렇다면 상세내용을 설명해주세요)

**5. Claim History (사고이력)**

For 5 years (attach copy of insurance company loss runs. If not available, please Complete Part b. below)

(5년간 보험회사의 손해사항에 대해 아래 항목대로 기입해주시기 바랍니다. 만약 없을 경우 아래 b항목을 기입해주시기 바랍니다)

1. Total aggregate losses. including losses within the deductible and all defense costs :

(총 손해액, 자기부담금 내의 손해 및 방어비용 포함)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Policy Period  (보험기간) | No. of Claim  (사고번호) | TOTAL  Amounts paid  (지급보험금) | | Amounts in Reserve  (지급준비금) | | TOTAL  Incurred  (총 발생손해액) | DATE  Evaluat-ed  (손해사정일) |
|  |  |  |  |
| Past 12 months  (과거 12개월내) |  |  |  |  |  |  |  |  |
| 1st prior year  (1년전) |  |  |  |  |  |  |  |  |
| 2nd prior year  (2년전) |  |  |  |  |  |  |  |  |
| 3rd prior year  (3년전) |  |  |  |  |  |  |  |  |
| 4th prior year  (4년전) |  |  |  |  |  |  |  |  |

1. Individual losses valued $5,000 and above including losses within the deductible and all defense costs :

(자기부담금 및 방어비용을 포함해 5천불 이상의 개별 사고 내역)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date  Occurrence  (사고발생일) | Products  Involved  (관련상품) | Year  Manufactured  (제조연도) | Describe  Occ. & Injury or Damage  (상세내용) | Amount  Paid & Reserved  (지급손해액 및 준비금) | Date Evaluated  (손해사정일) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Are you aware of any other incidents which may result in claims against you ?

(배상청구될 가능성이 있는 다른 사고에 대해 아시는 내용이 있으십니까)

□ Yes □ No

If 'Yes' give details

(예로 답했다면 상세내용을 알려주십시오)

**※ 필수 첨부서류: ① Certificate for business registration (사업자등록증),**

**② A copy of the contract stating the request for CGL insurance**

**(CGL 보험가입을 요구한 내용이 기재된 계약서 사본)**

Completion of this form does not bind coverage. Acceptance by applicant is bound and policy issued.

(이 설문서의 작성은 계약인수와 무관하며, 증권발급에 의해 결정됩니다.)

Premium is due and payable prior to inception date of policy.

(증권 개시일 이전에 보험료가 납부되어야 합니다.)

|  |
| --- |
| Applicant : Date :  (계약자) (작성일)  Name Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_  (성명) (서명) |