富邦產物保險股份有限公司
總公司：臺北市中山區遼寧街 179 號 7~14 樓
電話：(02) 6636-7890
免費申訴電話：0800-009-888

富邦產物董事及經理人責任保險續保詢問表

RENEWAL PROPOSAL FORM FOR FUBON DIRECTORS' AND OFFICERS' LIABILITY INSURANCE

報價單號: - **（填寫範例:050020AD00Q00001-01）**

填寫本詢問表時
Completing the PROPOSAL FORM

- 請詳實填寫本詢問表之所有詢問，且不遺留任何空白。
  Please answer all questions in full leaving no blank spaces.
- 如本詢問表中提供的空間不夠填寫答案，請附加另紙書寫和註明相關題號，且於其上註明日期並加以簽署。
  If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- 茲經同意，本保險應由主要機構要保。主要機構應負責繳付保險費或接受退還的保險費，提出或接受終止的通知，協商、同意並接受批單，提出或接受本保險單規定的任何通知（申請延長報案期間的通知除外）。主要機構應取得各被保險人授權其代表所有被保險人提出或接受索賠的通知。
  It is agreed that the Principal Organization shall be the Applicant of this insurance. The Principal Organization shall be responsible for the payment of premiums, receiving of premium refund, giving and receiving of notice of termination, negotiation on, consent to, and acceptance of endorsements, and giving and receiving of any notice provided for in this policy (except the giving of notice of applying for an Extended Reporting Period) and shall, with authority from all Insureds, act on behalf of all Insureds with respect to the giving and receiving of notice of Claim.
- 茲經同意，本詢問表內所稱索賠、保險期間、調查抗辯費用、辯護費用、董事及經理人，其定義與保險單內之定義一致。
  It is agreed that whenever used in this proposal form the definition of the terms 'Claims', 'Policy Period' 'Legal Representation Expenses', 'Defence Costs', 'Director' or 'Officer' are in accordance with the policy.
- 詢問表之標題僅為方便而設。
  The headings in this proposal form are solely for convenience

富邦產物董監事及重要職員責任保險是以索賠請求為基礎的保險，承保範圍僅適用於第一次提出的時間是在保險期間或經約定的延長報案期間內的任何索賠。本公司給付的辯護費用或調查抗辯費用將減少並可能耗盡給付損害賠償金或和解金的責任限額。

The Directors' and Officers' Liability Policy is written on a Claims made. The policy covers only Claims first made during the Policy Period or any Extended Reporting Period. The limit of liability to pay damages or settlements will be reduced and may be completely exhausted by the payment of Defence Costs or Legal Representation Expenses.

請仔細閱讀本保險單及詢問表

PLEASE READ THE ENTIRE POLICY AND PROPOSAL FORM CAREFULLY

1. 一般資訊
General Information

(a) 要保人名稱
Name of Applicant: 鈺緯科技開發股份有限公司

(b) 要保人地址
Applicant's Address: 新北市中和區中山路 2 段 351 號 9 樓

2. 特殊資訊
Specific Information

(a) 請提供每一有投保需求的要保人之下列文件
Please attach the following for every Applicant seeking coverage:

(i) 最近期之年報，包括已受稽核之財務報表
Latest Annual Report, including audited financial statements;

(ii) 有相關之最近兩期之中期報表
If relevant, the last two Interim Statements.

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(b) 最近的、尚未結案的或預期的改變：
Recent, pending and contemplated changes:

(i) 不論討論或提案是否被公開，要保人或任何將投保之個人是否參與討論或知悉任何關於下列實際上或可能之情事的提案
Whether or not such discussions or proposals have been made public, is the Applicant or any individual proposed for coverage currently involved in any discussions or aware of any proposals relating to any actual or potential:

(a) 與其他機構購併或合併? 是 Yes ☐ 否 No ☒
acquisitions of, tender offers for or mergers with any other organisation?
若是，請提供明細
If yes, please attach details:

(b) 公開發行新的有價證券? 是 Yes ☐ 否 No ☒
Public offering of securities?
若是，請提供明細，包括發行文件之影本(若有的話)
If yes, please attach details including a copy of the offering document (if available).

(c) 基於世界任何地方之法律，任何與債權人協議相關之妥協方案、公司協議或重大改變? 是 Yes ☐ 否 No ☒
Scheme of compromise or company arrangement or material change in any arrangement with creditors under any law anywhere in the world?
若是，請提供明細
If yes, please provide details:

(d) 要保人之財務報表重編? 是 Yes ☐ 否 No ☒
restatement of the Applicant's audited financial statements?
若是，請提供財務報表影本
If yes, please attach details including a copy of the financial statements.

(ii) 請詳細列明要保人最近期年報中董事及經理人之異動情形
Please provide details of any change to the list of serving directors and officers in the Applicant's most recent annual report and accounts:

請詳公開資訊觀測站。

(c) 美國證券：
U.S.A SEC Exposure:

要保人是否有任何形式的美國存託憑證計劃或方式? 是 Yes ☐ 否 No ☒
Does the Applicant have any type of American Depository Receipt (ADR) program or facility?
若是，請提供明細
If yes, please provide details:

(d) 美加地區員工人數：
Employee number in U.S.A. or Canada:

要保人是否有美加地區員工? 是 Yes ☒ 否 No ☐
Does the Applicant have any Employee in U.S.A.or Canada?
若是，請提供人數:
If yes, please provide Employee number:
(1)美國 U.S.A**(請依州別提供)**: NH：2 人
(2)加拿大 Canada:

富邦產險 Fubon Insurance

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(e) 僱傭行為風險：
Employment Practices Exposure:

是	否
Yes ☐	No ☒

最近一年內要保人是否曾有，或未來十二個月內預期將有員工縮編或裁員之行為?
Has the Applicant undertaken any staff retrenchments or reductions during the last year or does it anticipate making any staff retrenchments or reductions in the next 12 months?
若是，請提供明細
If yes, please provide details:

3. **投保金額 Limit Required:** US$5,000,000

4. **知悉訊息/保證事項**
Prior Knowledge/Warranty

(a) 是否有任何個人或公司知悉或得知任何針對被保險人的繫屬中或已發生之賠償請求、訴訟、監管行動或程序、調查、訊問(任一已知的賠償請求)之相關資訊?
Does any personal or entity know of or have information about any pending or prior claim, suit, regulatory action or other proceeding, inquiry or investigation (any of which being a "Known Claim") of or against any proposed insured?

是	否
Yes ☒	No ☐

(b) 是否曾有任何董事及經理人責任保險或管理責任保險或僱傭行為責任保險或類似保險代要保人或任何將投保之個人給付損害賠償之情事?
Have any loss payments been made on behalf of any Applicant or any person proposed for coverage under any directors' & officers' liability and company reimbursement insurance policy, management liability policy, employment practices policy or similar insurance?

是	否
Yes ☐	No ☒

若本項上述任一問題的答案為是，請提供明細。
If the answer to any one of the questions in section is yes, please provide details.
除陳國森等三位遭地檢約談(富邦案號:ADP002000007)外，無新增案件。

聲明
DECLARATION

茲聲明已知悉辯護費用是指構成損失一部分，損失適用於每一賠償請求自負額。
Understand that Defense Costs means that part of Loss; the deductible amount for each loss is applicable into it.

茲聲明以上所述事項與所有附件及明細表之內容於目前所知之情況下均屬真實且完整。於此詢問表簽署日期與保單生效日之間若上述事項有任何變動，將立即通知保險公司。雖然簽署本詢問表並不約束要保人及其董事及經理人必須購買保險，但簽署人同意，若將來簽發保險單，此詢問表所述事項及所有附件及明細表之內容將成為保險單之一部份。
The undersigned authorised officer of the Applicant declares that to the best of his or her knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal form and the proposed date of inception of the insurance. Although the signing of the proposal form does not bind the undersigned on behalf of the Applicant and its directors and officers to effect insurance, the undersigned agrees that this proposal form and all attachments and schedules hereto and the said statements herein shall be on the basis of and will be incorporated in the policy should one be issued.

簽署
Signed: _____

簽署日期
Date: _____

職稱
Title: _____

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(企) o-DAoEo310-2

經辦人員資訊(※此欄由本公司填寫，經辦代號及登錄字號請擇一填寫)					
經辦姓名		＊經辦代號		＊登錄字號	
聯絡電話		分　　機		行動電話	
傳真號碼		E-MAIL			