附件

食品安全责任保险试点情况调查表

报送单位： 填表日期：2016年5月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 是否印发相关文件 | 开展时间 | 承保公司 | 市（县、区） | 投保单位数（个） | | | | | 保费收入（万元） | | | | | 保险金额（万元） | | | | | 理赔情况 | | | 备注 |
| 生产企业 | 流通主体 | 餐饮单位 |  | 其他 | 生产企业 | 流通主体 | 餐饮单位 |  | 其他 | 生产企业 | 流通主体 | 餐饮单位 |  | 其他 | 企业类型 | 件数 | 金额 |
| 其中：食堂 | 其中：食堂 | 其中：食堂 |
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注： 1.如印发相关文件，请在第一列填1，并随表附上相关文件；如未印发相关文件，请填2；

2.数据统计至填表日期，如表内填不下可自行复印表单。