附件2：

2018年未按规定投保责任保险旅行社名录

填报单位（盖章）：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **旅行社名称** | **旅行社地址** | **负责人** | **负责人****手机号** | **违法情况** | **处理结果** |
| 1 |  |  | 　 | 　 | 　 | 　 |
| 2 |  |  |  |  |  |  |
| 3 |  | 　 | 　 | 　 | 　 | 　 |
| 4 |  |  |  |  |  |  |
| 5 |  | 　 | 　 | 　 | 　 | 　 |
|  | …… |  |  |  |  |  |

说明：“违法情况”请填写“未投保”、“未足额投保”、“未足时投保”