附件1：

2018年统保示范项目外的旅行社投保情况统计表

填报单位（盖章）：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **旅行社名称** | **投保公司** | **起止日期** | **每次事故责额限额(万)** | **全年累计责任限额(万)** | **每次事故每人人身伤亡责任限额(万)** | **旅行社地址** | **投保单****联系人** | **联系人****手机号** | **保险日期是否不足一年** | **保险日期不足一年原因** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
|  | …… |  |  |  |  |  |  |  |  |  |  |