附件1

**海南经贸职业技术学院**

**第十一届运动会教职工参赛人员保险单**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位名称 | | | 海南经贸职业技术学院工会委员会 | | |
| 号 码（NO） | | | 460000-1254496 | | |
| 统一社会信用代码 | | | 81460000798727750w | | |
| **序号** | **姓 名** | **性别** | **身份证号码** | 保险额  (元/人) | **备 注** |
| 1 |  |  |  | 10 |  |
| 2 |  |  |  | 10 |  |
| 3 |  |  |  | 10 |  |
| 4 |  |  |  | 10 |  |
| 5 |  |  |  | 10 |  |
| 6 |  |  |  | 10 |  |
| 7 |  |  |  | 10 |  |
| 8 |  |  |  | 10 |  |
| 9 |  |  |  | 10 |  |
| 10 |  |  |  | 10 |  |
| 11 |  |  |  | 10 |  |
| 12 |  |  |  | 10 |  |
| 13 |  |  |  | 10 |  |
| 14 |  |  |  | 10 |  |
| 15 |  |  |  | 10 |  |
| 16 |  |  |  | 10 |  |
| 17 |  |  |  | 10 |  |
| 18 |  |  |  | 10 |  |
| 19 |  |  |  | 10 |  |
| 20 |  |  |  | 10 |  |

**说明：**参赛人员务必填写以上相关信息，各分工会必须为参赛人员购买人身意外保险方可参加比赛，保险费用从工会预算中支付。