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| 附件3 | | | | | | | | | | | | | | |
| 2020年度重点新材料首批次保险补偿申请材料汇总表 | | | | | | | | | | | | | | |
| 报送单位（盖章）： | | | | | | | | | | 联系人及电话： | | | | |
| **序号** | **投保新材料名称** | **生产企业名称** | **投保**  **数量** | **投保新材料合同金额（万元）** | **保险**  **金额**  **（万元）** | **保险费率（%）** | **保费**  **金额**  **（万元）** | **申请补**  **贴金额（万元）** | **用户单位名称** | **投保时间**  **（年 月 日）** | **保险期间**  **（年 月 日-**  **年 月 日）** | **保险**  **单号** | **投保**  **倍数** | **承保保险**  **公司名称** |
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