附件4

宁波市重点新材料保险补贴申请汇总表

填报单位（保险公司）： 填报时间： 年 月 日 金额单位：万元

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| 序号 | 企业名称 | 所属地区 | 材料名称 | 保单号 | 保险产品名称 | 保险费率(%) | 保费金额 | 合同金额 | 保险期限 | 申报补贴金额 | 其中：中央财政补贴金额(符合工信部目录企业填写) |
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