



新華保險顧問有限公司

Sun Flower Insurance Brokers Limited

香港專業保險經紀協會會員

A MEMBER OF PROFESSIONAL INSURANCE BROKERS ASSOCIATION

致 To	
由 From	
電話 Phone	
日期 Date	

一般保險報價申請表
GENERAL INSURANCE REQUEST FORM

<input type="checkbox"/> 商舖綜合保險 Shop Package	<input type="checkbox"/> 財物全險 Property-All-Risks	<input type="checkbox"/> 火險及附加險 Fire & Allied Perils	<input type="checkbox"/> 公眾責任保險 Public Liability	<input type="checkbox"/> 金錢保險 Money	<input type="checkbox"/> 其他 Others :
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投保人 Name of Insured _____

行業 Business _____

聯絡電話 Contact No. _____ 電郵 E-mail : _____

通訊地址 Postal Address _____

工作地址 Place of Employment _____

保險期 Period of Insurance (日 D /月 M /年 Y) 由 From : _____ 至 To : _____

保障範圍 Cover		投保額 Sum Insured (HK\$)	辦公室專用 For Office Use Only	
			保費率 Rate	保費 Premium
1.	營業裝置及設備 Furniture, Fixtures & Fittings			
	1. 櫥窗、玻璃門及框架 Show windows, glass door and frames 2. 霓虹燈招牌或廣告牌 Neon sign or signboard - 3. 任何一件器材價值超過 HK\$75,000 Any one item of equipment exceeding HK\$75,000.00 -			
2.	商品存貨 Stock in Trade			
3.	樓宇結構 Fabric of Building			
4.	金錢損失保險 Loss of Money Insurance			
	1. 在營業時間運往返銀行或辦公室途中 In transit to and from Bank (Business Hours) - 2. 在營業時間置於辦公室內 In Premises ((Business Hours) - 3. 在營業時間後置於上鎖夾萬或保險庫內 Secured in the locked safe / strong room in the Premises (After Business Hours) - 4. 在營業時間後置於辦公室內或收銀機或上鎖抽屜內 In Premises & secured in the cash register or locked drawer (After Business Hours)			
5.	公眾責任保險 Public Liability Insurance (飲食業 Restaurant) 座位數目 No. of Seats : 總面積 Floor Area : 營業時間 Hours :			
6.	其他 Other:			
			<input type="checkbox"/> 最低保費 Min.	

防盜系統 Anti-theft Device (*請遞交防盜系統圖解作核保用途 Please attach Alarm Plan for underwriting purpose) :

- 自動通報撥號警報器 Auto Dialer Alarm 商品電子防盜系統 Electronic Article Surveillance 捲閘 Roller Shutter
 直線警衛監控警報器 Direct-link Monitoring Alarm 通道管理系統 Access Control System 柵欄 Grille / Other 其他 :

7.	僱員賠償保險 Employees' Compensation Insurance - 請註明外出工作、海外公幹、體力勞動、操作機器或駕駛車輛類別等職務需要 Please specify "Outdoor", "Overseas", "Manual Work", "Type of Machine or Vehicle" if applicable					
項目 Item	僱員人數及工作類別 No. & Description of Employee	備註* Remark	全年總收入 (HK\$) Annual Total Earnings	條款 Warranty	保費率 Rate	保費 Premium
1.						
2.						
3.						
小計 Total				<input type="checkbox"/> 最低保費 Min.		
賠償記錄 Claims History			過往三年有否索償 Any Claim in the past 3 years? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No		勞保徵費 Levy 10.8%	
詳情 Details:					總保費 Total Premium	
					佣金 Comm. %	



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1. Estimated Annual Turnover 預計全年營業額 [REDACTED]
2. In the last 24 months, has the company been found in violation of the occupational safety and health ordinance (Cap 509)
在過往 24 個月內,公司是否被發現違反職業安全及健康條例(Cap 509) [REDACTED]
3. Are there foreseeable material changes to the company's business in the next 12 months
未來 12 個月公司業務是否有可預見的重大變化 [REDACTED]

備註 Remark : Subject to minimum calculation of the premium base on annual earning HK\$63,720 per employee
以每位僱員年薪 HK\$ 63,720 港元為基礎計算最低保費

附加文件 Supplementary Document

請提供閣下最新的續保通知書或保險單副本作核保用途。

Please provide copy of latest renewal notice or policy schedule for underwriting purpose.