



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 :
---	---	---	---	--	---

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. %			



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

1. Estimated Annual Turnover 預計全年營業額
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)
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

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.