



SUN FLOWER INSURANCE BROKERS LTD.

Room 1105-08, 11/F., Hing Yip Commercial Centre, 272-284 Des Voeux Road Central, Hong Kong
Tel: 25211881 Fax: 25211919 www.sunflowerVIP.com www.sunflowerMPF.com

新華保險顧問有限公司

香港德輔道中 272-284 號興業商業中心 11 樓 05-08 室
電話: 25211881 傳真: 25211919 License No. FB1387

辦公室〔工商業〕綜合保險報價申請表 BUSINESS PAK INSURANCE REQUEST FORM

請以英文正楷填寫此表格及在適當方格內加✓ Please complete the table in English block letter and tick if applicable

保戶名稱 Name of Insured _____

行業 Business _____

聯絡電話 Contact Tel. No. _____ 傳真 Fax : _____

通訊地址 Correspondence Address _____

工作地址 Place(s) of Employment _____

(請列出所有工作地點若與通訊地址不同 State ALL place(s) of work if different from above) _____

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

			辦公室專用 For Office Use Only	
項目 Section	保障範圍 Cover	投保額 Sum Insured (HK\$)	保費率 Rate	保費 Premium
1	辦公室財物全險 Office Contents "All Risks" Insurance			
	A. Office Contents (如其中投保之辦公室器材價值超過HK\$75,000, 請列明 Please list any item of office machinery where the value exceed HK\$75,000)			
	B. 存貨 Trade Stock 每件最高價值 Max. Limit per article ()			
2	營業中斷保險 Business Interruption Insurance			
	A. 額外開支 Increased Cost of Working	500,000	免費 Free Cover	
	B. 收入損失 -Loss of Gross Income for next 12 months -Max indemnity period required 12/18/24 M	需另行投保 Separate policy required	N/A	
3	金錢損失保險 Loss of Money Insurance	參閱小冊子 as per brochure	免費 Free Cover	
4	公眾責任保險 Public Liability Insurance	5,000,000	免費 Free Cover	
			<input type="checkbox"/> 最低保費 Min.	

5 僱員賠償保險 Employees' Compensation Insurance (自選保障 Optional Cover)
 *如僱員需要前往海外或中國大陸工作, 請列明於「海外公幹備註」 Please remark employees required to travel "Overseas" or "China"
 **如僱員需要在家工作, 請列明於「在家工作」 Please remark employees required to work from home "WFH"
 **「預計全年總收入」須包括佣金 / 花紅 / 雙糧 / 津貼等 "The Estimated Annual Total Earnings" must include commission / bonus / double pay / allowance etc.

項目 Item	僱員人數及工作類別 No. & Description of Employee	海外公幹備註* Remark	預計全年總收入** Estimated Annual Total Earnings (HK\$)	條款 Warranty	保費率 Rate	保費 Premium
1.						
2.						
3.						
4.						
5.						
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? 有 Yes 否 No 勞保費 Levy 10.8%

詳情 Details:

總保費 Total Premium
佣金 Comm. %
淨保費 Net Premium



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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\$68,520 per employee
每位僱員年薪 HK\$ 68,520 港元為基礎計算最低保費

強積金 MPF	
Does the policyholder already have a Mandatory Provident Fund (MPF) plan? 投保人是否已有強積金計劃?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No
Does the policyholder need to arrange an MPF plan? 投保人是否需要安排強積金計劃?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No
Please select trustee if the answer is "Yes": 如果答案是“是”，請選擇受託人：	
<input type="checkbox"/> AIA Company (Trustee) Limited 友邦(信託)有限公司	
<input type="checkbox"/> BCT Financial Limited 銀聯信託有限公司	
<input type="checkbox"/> HSBC Provident Fund Trustee (Hong Kong) Ltd	
<input type="checkbox"/> Manulife Provident Funds Trust Company Limited 宏利公積金信託有限公司	
<input type="checkbox"/> Sun Life Trustee Company Limited 永明信託有限公司	

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

請留下聯絡人資料 Please leave your contact information

聯絡人 Contact Person : _____

聯絡電話 Telephone No. : _____

電郵地址 Email Address : _____