



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

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. % | | |



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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 : _____