

**Director's and Officer's Liability Insurance Proposal Form**  
**業主立案法團委員責任保險投保書**

**IMPORTANT NOTICES**

**重要通知**

**Your Duty of Disclosure**

**您的披露責任**

Before you enter into a contract of this insurance cover with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

與保險公司簽訂保險合約前，您有責任向保險公司披露每一項事情。您要知道，或可以合理地被預期要知道，這是關乎保險公司決定是否接受或在甚麼條件下去接受相關保險風險的基本根據及承擔相關責任的先決條件。

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of this insurance cover.

在保單續保，延長保期，更改或復效保障前，您也有同樣的責任披露這些事項予保險公司。

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

由於您在此投保書中所提供的內容和資料均受法律約束。因此，您必須清楚明白，您在投保書內的一切陳述、回答內容和資料均屬真實無訛。倘若當中有任何部份您未能理解，您應該先諮詢相關人士意見後才簽署此投保書。

Your duty of disclosure continues after the proposal has been completed up

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until the contract of the insurance is entered into.

您的披露責任在投保書簽署後將是保險合約的組成部分，並作為合約的依據。

**Non-Disclosure**

**違反披露**

If you fail to comply with your duty of disclosure, the Insurer may be entitled to avoid the contract from its beginning.

如果您不遵守披露責任，保險公司將有權決定是否追溯此保險合約從生效日起或開始時已失效。

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning, to retain any premium that you have paid for this contract of insurance.

如果您違反披露責任的任何原因，是由於不誠實或虛假的陳述，那麼保險公司除有權決定是否追溯此保險合約生效日起或開始時失效外，更將保留不退回任何已繳納的保險費之權利。

**Claim Made Contract**

**索償申報合約**

Subject to its terms and conditions the policy will cover your legal liability from any claim first made against you during the policy period resulting from any circumstance of which you become aware during the policy period which may give rise to a future claim against you, provided you immediately inform us in writing of such circumstances within the policy period.

在保險單有效期內，若您意識到有任何情況下會引致日後有機會面對索償，那麼您必須立即以書面形式將該情況通知我們。而此保險單亦將會根據保險單合約條款，保障相關事件衍生之首次被要求承擔的法律責任。

The policy will not cover your legal liability resulting from any claim,

matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the policy period.

在保單生效前，一切您意識到或合理被認為應該意識到之索償、事宜、事故或情況，無論您已承諾負責或宣稱負責之任何行為、錯誤或遺漏，本保單將一概不會保障及賠償。

### Change of Risk or Circumstance

風險或現狀變化

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location. 如果投保書上已披露之一般業務有任何轉變，例如所在處更改，您應該在合理可行的情況下盡快以書面通知保險公司。

### Subrogation

代位權

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

如您曾同意放棄追討任何責任方以其他形式作出補償此保單涵蓋內之損失或賠償之權利，保險公司會在法律允許下無需承擔相關損失或賠償之責任。

### INSTRUCTIONS TO THE PROPOSER

投保人指示

Before completing this proposal, please read the Important Notices stating in the above.

This proposal should be answered after detailed enquiry of all persons to be covered.



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在完成這投保書之前，請閱讀以上之重要通知，經所有受保人之詳細查究後，需填寫此投保書之全部答案。

1. Please fill in or type answers clearly.  
請清楚填寫或打印答案。
2. Answer all questions completely, leaving no blanks. If any questions, or part thereof, do not apply, fill in or print "N/A" in the space.  
完全回答所有問題，不能留空白。如果有任何問題，或部分不適用，請在空位上填寫或打印"不適用"。
3. Provide any supporting information on a separate sheet and reference the applicable question number with the signature of two authorized officers and date  
請另以紙張提供補充資料加上適用問題之號碼及兩名經授權簽署及日期。
4. Check "Yes" or "No" answer.  
檢查"是"或"否"的答案。
5. This form must be completed, dated and signed by two authorized officers of your Owners' Corporation.  
此投保書填妥完成後，需要業主立案法團兩名經授權之委員簽署及填寫簽署日期。

Please **enclose** copies of the following with this proposal.  
請連同此投保書附上以下之文件副本。

- A. The certificate of Registration issued by the Land Registrar.  
土地註冊處發出的註冊證書。
- B. Latest audited financial statements.  
最新經審核財務報表。



**Proposer Details**  
**投保人詳細資料**

1.	Name of Owners' Corporation 業主立案法團的名稱	Certificate number of registration 註冊證書編號	
2.	Address of registered office 註冊辦事處地址		
3.	When was the Owners' Corporation established? 業主立案法團是何時成立的?		
4.	Year of Building? 樓宇建設年份?	Years年期	
5.	Is the Property solely for residential &/or commercial use? 建築物是否只可作住宅及/或商業用途?	Yes是 <input type="checkbox"/> No否 <input type="checkbox"/>	
	Please advise the detail if the answer is "No" 如果答案是“否”，請告知詳細資料		
6.	Please provide details of the current members of the management committee :- 請提供詳細管理委員會的現任委員：		
	Name姓名	Role角色	
		Chairman 主席	
		Vice-Chairman 副主席	
		Secretary 秘書	
		Treasurer 司庫	
7.	Does each member above complete the declaration of eligibility under the Paragraph 4(3) of Schedule 2 of Building Management Ordinance? 以上每個委員完成了根據建築物管理條例“目錄二”4.3 段之資格聲明?		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
8.	Number of employees 員工人數		
9.	Name of the managing agent or the property management company retained (if applicable) 管理代理或物業管理公司名稱 (如適用)		
10.	Total Asset 總資產 Annual Income 每年收入		

11.	Is there any qualified opinion from the external auditor in the Owners' Corporation latest financial statement? 業主立案法團最近一期的財務報表是否取得外聘之核數師評審認受許可?	Yes是 <input type="checkbox"/> No否 <input type="checkbox"/>		
12.	Do the Owners' Corporation currently maintain the public liability insurance ("Third Party Risk Insurance") and the Employees' Compensation Insurance? 目前業主立案法團是否有投保公眾責任保險(第三者風險保險)和僱員補償保險?	Yes是 <input type="checkbox"/> No否 <input type="checkbox"/>		
13.	Has the Owners' Corporation ever had any insurer decline a proposal or cancel or refuse to renew this liability insurance policy? 業主立案法團過去在投保任何責任保險時曾被保險公司拒絕投保、取消合約或拒絕續保?	Yes是 <input type="checkbox"/> No否 <input type="checkbox"/>		
14.	Have claims ever been made against any past or present management committee member? 現任或已離任的管理委員會有否曾被要求、或正被要求索償?	Yes是 <input type="checkbox"/> No否 <input type="checkbox"/>		
15.	Is the Proposer aware, after enquiry, of any circumstance or incident which may give rise to a claim? 經過查究, 投保人是否知道已存在可能會引致索償的任何情況或事件?	Yes是 <input type="checkbox"/> No否 <input type="checkbox"/>		
16.	Has any investigation, examination, enquiry or similar proceeding, in relation to the affairs of the Owners' Corporation or any member by virtue of their capacity as such been undertaken or intimated by any body? 業主立案法團或其個別委員的品格和資格有否曾被調查、監管機構詢問或相關訴訟?	Yes是 <input type="checkbox"/> No否 <input type="checkbox"/>		
	If Yes to any of the Question No. 13-16 above, please give details on a separate sheet on the Owners' Corporation's letterhead. 如以上任何 13-16 問題之答案是 "是", 請在另頁有業主立案法團的信紙上提供詳細資料。			
17.	Limit of Liability requested : 責任限額要求 :			
	HK\$1 million <input type="checkbox"/> HK\$5 million <input type="checkbox"/> HK\$10 million <input type="checkbox"/> HK\$20 million <input type="checkbox"/> 港元一百萬      港元五百萬      港元一千萬      港元二千萬			
	Other : 其他 :			
18.	Does the Owners' Corporation currently have the similar management liability insurance? 目前業主立案法團是否也有類似的管理責任保險?	Yes是 <input type="checkbox"/> No否 <input type="checkbox"/>		
	If Yes, please give the following details : 如果是, 請提供以下細節 :			
	Insurer 保險公司	Limit of Liability 責任限額	Premium 保費	Expiry Date 到期日期



## DECLARATION

We acknowledge that we have read and understood the Important Notices contained in this proposal.

We agree that this proposal, together with any other information or document supplied, shall form the basis of any contract of insurance. We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer. We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted. We undertake to inform the Insurer of any material alteration to those facts before completion of the contract of insurance / insurance policy period (if applicable).

## 聲明

我們同意，我們已閱讀並理解此投保書所包含的重要聲明。我們同意此投保書與其他一併提供的資料或文件，將成為任何保險合約的基礎。我們同意，如果這個投保書獲得接納，該保險合約將受發出之保單字眼上列明的條款與細則規限或另由保險人明確地以書面形式作更改。經查究後，我們申明此投保書所載的聲明，詳情和資料以及附帶於此投保書的任何文件在每一個細節上均屬真實正確，而其他事關重要的事實也沒有謊報，隱瞞或遺漏。在完成保險合約/保險期間(如適用)前，如果有任何事實資料之改變，我們承諾須通知保險公司。

## COMMISSION DISCLOSURE

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Insurer, Insurer will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Proposer is a body corporate, the authorized person who sign on behalf of the applicant further confirms to Insurer that he or she is authorized to do so. The Proposer further understands that the above agreement is necessary

for Insurer to proceed with the application. The above disclosure statement is only applicable in situation where an insurance broker is used to purchase / place a policy.

## 佣金披露

申請人明白，確知及同意，保險公司會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向保險公司確認他/她已獲該法人團體授權。申請人亦明白保險公司必須取得申請人以上的同意，才可以處理其保險申請。上述披露聲明只適用於經保險經紀投保之保單。

Signed 簽署 : \_\_\_\_\_

Date 簽署日期 : \_\_\_\_\_

## Note 附註 :

**(This Chinese translation is provided for reference only. All terms and conditions will be based on the original English version)**

**(本中文譯本謹供參考之用，一切條款均以英文原版為準)**